STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 1	1	
REG.	NO.		

		FOR			DEPARTMEN	IT OF HEALT	H AND M	IENTAL H	YGIEN	6 4		7	9 7	
1		STATE REGISTRAR		MEI	DICAL EXA	MAINER'S	CERTIFI	CATEO	F DEA	TH	REG. NO.			
	1. DEC	CEASED NAM	E FIRST		MIDDLE	}	LAST	77.2		Ze. DATE KN		MONTH DAY	YEAR	2b. HOUR
	(TYPE	E OR PRINT)	THELM	Δ Τ.	OUISE	1	ABEL			OF E	STI-	7/8	19 84	20
d	3. SEX		4 RACE	S. DATE OF BIRTH	6 A	DE (IN YEARS IF	JNDER 1 YR.	IF UNDER	24 HRS	2c. DATE		MONTH DAY		2d HOUR
M	177	EMALE	LUITTE	05 21	16 6		NIHS DAYS	HOURS	MIN.	PRONOUNCE	D	7/8	1984	23
1		RTHPLACE (S	WHITE	7b. CITIZEN OF WH		1.				9. BALTIMOR	E CITY OR	COUNTY OF		14 K M
h	FOI	REIGN COUNTRY)		II C	Α.		RIED N		ED X		_			
11		ARYLANI TY OR TOWN		U.S			THER INSTITU	DIVORCI		BA LT		COUNTY	IND OF BU	MD
				(IF NOT IN SUCH FA	CHITY, GIVE STI EET A	ADDRESSI		311014	FOR M	AOST OF WORKING	LIFE	_C	OR INDUST	RY
4		ATONSV.	LLLE (IF IN NURSING HOME O		08 MEYE		E		CT	ERK		PI	RINTI	NG
A	13a. \$1	TATE	13b COUNT	TY	13c CITY OR T	OWN	1			EET ADDRESS				
1		ARYLANI		IMORE	CATON	SVILLE	YES .	NO ES		MEYER	S DRI	VE, 21	228	
18	14. FA	THER'S NAME FIRST	E	MIDDLE	LAST		15 MOTH	FIRST	NAME	MIDDL	E		LAST	
U		WILLIA		L.	ABEL			RTHA		E.		1	WALL	
П		VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. ARA		166. SOCIAL S	SECURITY NO.	17. INFOR	MANT		1	ADDRESS			
		NO			214-0	1-8601	CAT	HERINE	E ABE	L 608	MEYE	RS DRI	VE, 2	1228
		18 CAUSE C	OF DEATH (Enter onl	y one couse per line	for (o), (b), ond	(c).)		1				BE.	APPROXIMATE	E INTERVAL T AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)							8						
				DUE TO, OR	AS A CONSEQU	UE CE OF								
			ins, if ony, which ise to immediate	(b)										
		couse (o) stating the under-	DUE TO, OR	AS A CONSEQU	UENCE OF								
		lying cou	use lost.	(c)										
7		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.												
-	O	Male												
1	Y	19a. DATE OF	POPERATION	196. CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED?						20	AUTOPSY'	?	
7	TEK											YES 🗌	NO [
	CERTIFICATION		AL CAUSE WAS	21h TIME OF							IN ITEM 18 PAR	RT T OR PART 2]		
		UNDERLYING	G OR ING CAUSE OF D		. MONTH DAY	10								
	MEDICAL	214 INTURY	OCCURRED	21e PLACE	OF INJURY (AT	17	OCATION						- 1	
	X	WHILE D	NOT WHILE C	STREET, FACT	IORY, FARM, ETC.]		STREET			CITY OR TOWN		COUNTY		STATE
									57		7	41		
			ify that I took charg	TM			opsy 🔲.	Inspection		Inquiry L		in my opinion		
		deoth result	ted from: Notur	ol couses .	Accident	, Suicide L		icide,	Undete	ermined monne	er L.			
		ACTUAL	Stal -	Ashanler			TITLE (SPECIFY)				DATE 7	12/8	/
1		SIGNATURE	CHILLEY	Comment of			M.D. Def	0.14	MEDI	ICAL EXAMINI	∃R	SIGNED	107	
1		EXAMINER'S		12 Relo	mhon 1	ND	1	1117	ch	uno OK	20,2	3	,	
_		TYPE OR PRI	The second secon	A TOLIN	-110019 1	4.0	_ADDRESS			0554v	0.1206			
	15	SPECIFY)	TION, REMOVAL 1	A DATE		OF CEMETERY		The state of the s	CITY	CATION	*******	COUNTY		TATE
		BURIAL UNERAL DIREC	CTOR	07-11-84	MEAD	OWRIDGE		PARK 1250. DATE R		RIDGE	HOWA	RD MA	RYLAN	ע
		NAME		ADDRESS	/107 **		229	1111	4 4	400 A	9		Ω / aa	
	HU	RRAKD 1	FUNERAL H	OME, INC.	410/ W	TEKENS .	AVE.	JUL	11	584	wia Da	widom-6	bullens	9 1

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP_



STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENE

1	- STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO.		
I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26	HOUR
{149	HELEN	L. ALE	3ROMITIS	7-24-1	1984	7:06 m
3. SE	x 9	RACE)	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
C	Lomale)	Thete	3-19-1921	63	MONTHS DAYS HO	DURS MIN.
7a. B		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	Vergena	Y.S.A.	WIDOWED DIVORCED	Daltemo	ne 60.	MD.
1	an Dallstown	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, ONE STREET CLIMANE GO.	Den Lastitution	(TYPE OF WORK FOR MOST OF WORK	LING LIFE) INDUSTRY	Le Thi
	ALRESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c. CITY OR TOW		130 STREET ADDRESS / ZIP	CODE 2120	gts.
14. F.	HER'S NAME FIRST	DDLE O LAST	15. MOTHER'S MAIDEN NA	ME MODLE	LAST	
16a \	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166-SOCIAL SECU	RITY NO. 17. INFORMANT -	7140 Propodes	da Pakin	A
(YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	3579 alphonas	a. all	milia	21207
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	1				
N	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART TO	1517
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE ON AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this haspita saw the deceased alive an above, (1) (we) (did) (did not)	7-24 190	, ond that in (my) (our) apinion	death accurred on the date or	d hour and from the cou	
	Welland for	een mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIC	184
	224. PHYSICIAN'S NAME I YPE OR P		22e. ADDRESS			

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the buriof-transit permit with the State Dept. of Health and Mental Hygiesie prityAPORTANT, if them 21 is marked or them 18 shows an etoined by the BP.

anding physician and completely filled in by the funeral carbon papers. Pages 1 and 2 should be filed within 72 h

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 4 FUNERAL DIRECTOR

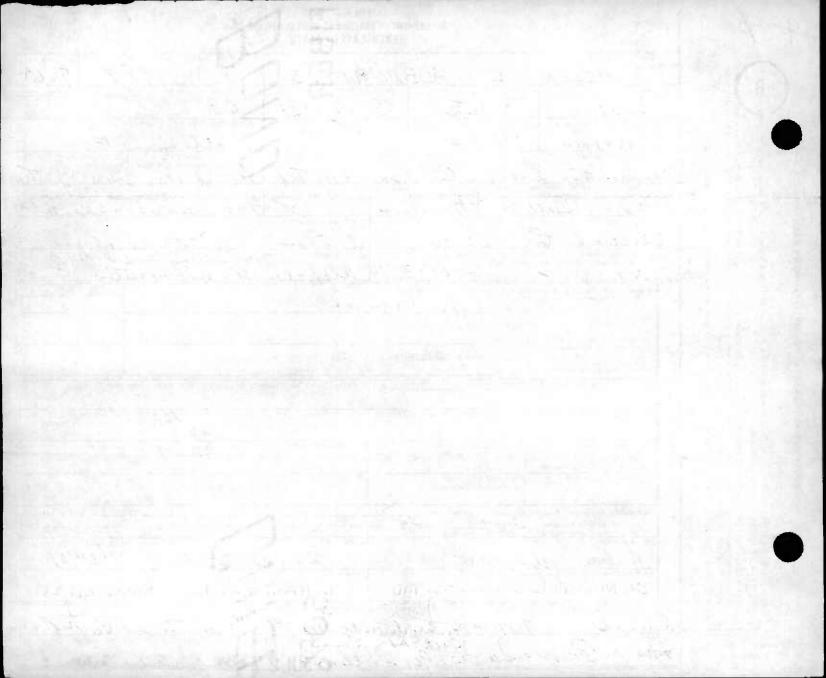
NAME OF CEMETERY OR CREMATORY 21223

Schwartz MD.

23d. LOCATION

HAMMONDELANE BALto 21225

250. DATE REC'D. BY REGISTRAR'S SIGNATURE



20+1	1 -	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4	179	13
e 4		CEASED NAME E OR PRINT)	ohn	WIDDLE	Algood	20. DATE OF DEATH	MONTH DAY YEAR 7 30 84	25 HOUR 25PM
	3. SE	* Male	- 4.	Caus.	S. DATEO BIRTH MONTH DAY YEAR O 29	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS
	70. BI	RTHPLACE (STATE OR F	nia 76.	CITIZEN OF WHAT COUNTRY U.S.A	MARRIED NEVER MARRIED		re County	MD.
2	10. C	TOWSON	(TH 1)	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, OIVE STREEL Stella Maris	ING HOME OF OTHER INSTITUTION ET ADDRESS HOSPice	126 USUAL OCCUPATION OF THE CONTRACT CONTRACTOR OF THE CONTRACTOR		OF BUSINESS OR
filled in most be f	130. 5	AL RESIDENCE HE NURS STATE Orida	ING HOME OR OT	HER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO Marco I	STE ADMISSION) WN Sland YES NO O NO NO O NO NO O NO NO O NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO	13A STREET AS THE SSA	Tradewinds Court 33	
completely s I and 2 sha	14. F/	William	MIC	Allgood	is. MOTHER'S MAIDEN N. Isab [®] E'lle	AME MIDDLE	Hall '	
Poge Poge		WAS DECEASED EVER	IN U.S. ARME	2 OR DATES) 166 SOCIAL SEC 216-10-	URITY NO. 17 INFORMANT -1797A Mrs. Eileen	P. Lane 7417		e.21234
n signed by the ottending physiciar Then please remove carban papers. To burial, cremation, or removal. injury, or other traumatic event, the	Z	Conditions, if ony, gove rise to imm cause (a), stafin underlying cause	MAS CAUSED I	DUE TO, OR AS A CONSEQ	netactaces uncery pmall ce			WATE INTERVAL ONSET AND DEATH
ician. Ite has been ssit permit. If giene prior t shows any in	CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
his certificate burief transition of them 18 sh	MEDICAL CERT	218. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 218. INJURY OCCURI WHILE AT WORK	CAUSE OF DEATH CALEXAMINER) RED	218. TIME OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJU		STATE
ined by the hospital or order ined by the hospital or order to the hospital or order to the bedeath of the bedeath order or or order or or order or or order or		22a. I certify that (1)	(this hospital ed alive on did) did not) v	view the body ofter death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF 221. DATE	tha (1) (we) lost couses stated : SIGNED
TO FUNERAL Should be de with the Stot	222	BURIAL CREMATION	DEMOVAL I	22h DATE 122	NAME OF CEMETERY OF CREMATORY	1236 LOCATION		

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

230. 8URIAL, CREMATION, REMOVAL (SPECE) 236. DATE 8-2-1984 23t. NAME OF CEMETERY OR CREMATORY Woodlawn

23d LOCATION COUNTY Maryland

ADDRESS OSO York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AUG.

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Minus verseles 114-	13451111219		TRUE AND	17.5	
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	attemptor -				
MATERIAL STREET, ST. ST. ST. A.		ATEST-01			a 1
		2127			
Grave Landson		7			
That we would be					
The state of the state of the state of	The second second				
	yrld.		THIS VENEZO /	CHERT AND	

executed within 24 hours ofter death. Page 4 may be requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. N	0		
		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
	(TYPE	ORPRINT) L/1///AN	V.	Ali	150N			7-1.	3-1984	10:25 pm
	3. SEX	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
1	-	7	11		MONTH 3	- 4-1905	75	YRS	JAIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8		9. BALTIMORE CITY C		OF DEATH	
		A)	US	A	WIDOWE	DIVORCED DIVORCED	BULTIM	ORE C	CUNTY	MD.
9	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF A CUSEY) FE	OF WORKING LIFE)		BUSINESS OR
ar .		AL RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION)				1	
		1.00	TINDZE	TOWS		13d. INSIDE CITY LIMITS? YES NO	88/5 LVE	VER TO	NRd.	21234
	14 FA	ATHER'S NAME FIRST ARNO	WIDDLE	VOGEL		15. MOTHER'S MAIDEN NAI	WE		SHALL	
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC 2/2-50		DR. ROBERT All	ADDR - 8815 4		TON Rd.	TOUSON
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								MATE INTERVAL NSET AND DEATH // 5
	NO	PART 2. OTHER SIGNIFICANT CORONA					INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY? YES □ NO M		WERE FINDING ING CAUSES C	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	0.771	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	tt i OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		220.1 certify that () (this hospital) attended the deceased from 2 9, 19 4, to 77 3 19 4, the deceased alive on 2 19 6, the deceased alive on 2 19 6, and that in my (our) opinion death occurred on the date and hour and from the composition of the deceased alive on 2 19 6 19 19 19 19 19 19 19 19 19 19 19 19 19								
1		ALBERTO J.	DIAZ	MD	MD	ATTENDING PHYSICIAN PARTIES ADDRESS 7600 OSLER	MEDICAL STA DIRECTOR PHYSIC	IAN 🗌		
	23a. B	SPECIFY) REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	24 FL	INERAL DIRECTOR				25a. DAT	E REG'D. BY REGULTEAR	25 HEREISTO	HALLOURING	endelle
		Anatomy	Board	ADDRESS	Ralto	Md JU	[1 1 BO4	1		

Balto., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them. 18 shows any injury, or other traumatic event, the medical

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	7-10-5			
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			TATISTUS.	favore?
		241.11	heres	vaniani.

FOR STATE REGISTRAR

FIRST

ANNA

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE O	Gardin .	3			
			REG. NO.				
DDLE	LAST	2a. DATE OF I	DEATH MON	TH DA	YE AR	26 HOU	JR .
₹.	ALTHAUS	JULY	24,	1984		8:1	5AM
	5. DATE OF BIRTH	6 AGE (INYE	ARS LAST BIRTHDAY	r) IF	UNDER I YEAR	IF UNDER	24 HR5
)	March 2, 1905	79		YRS.	NIHS DAYS	HOURS	MIN,
HAT COUNTRY?	8. 37	9 BALTIMOR	E CITY OR CO	OYTHUC	FDEATH		
1.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Balt	imore	Cou	nty,		MD
OSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL O	CCUPATION		176 KIND O	F BUSINE	SS OR

3. SE)	(14	RACE		5 DATE C		11	6 AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDI	ER 24 HRS
	Female		Whit		Marc		5	79	YRS.		HOURS	MIN.
	RTHPLACE (STATE OR FOR	reign 7	L CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED		9 BALTIMORE CITY OR	COUNTY	OF DEATH		
	New York		U.S.	Α.	WIDOWE			Baltimor	e Co	unty,		MD.
10. CI	TY OR TOWN OF DEATH	н [1				R OTHER INSTITUTION		12a USUAL OCCUPATIO		126 KIND C	F BUSI	VESS OR
	Timonium			Forest		rt 21093		Homemaker	WORKING (IF	Home	€	
13a S	L RESIDENCE (# NURSING TATE Lryland E	36 COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOWN 21204		13d. INSIDE CITY LIMI YES NO X		130.STREET ADDRESS / 1907 South	zır code e rl y	Road	21	204
14. FA	THER'S NAME		NDDLE	1467		15 MOTHER'S MAIDE		_				
	Henry	~	NIDDLE	Engle	ert	Ther	esa			Atti	nel	li
16a W	AS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	S			
[7	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	131-14-1	3200	Joan A.	Ros	e1905 For	est	Court	210	093
	18 CAUSE OF DEATH	(Enter only	y one couse per	line for (a), (b), and	dicti		4		-	BETWEEN	IMATE INT	ERVAL 4D DE ATH
	PART I. DEATH WAS		BY: CAUSE (o)	Ditt	ma b	mulager	m	Caram	~		LY	
		VOVIE D 11 11 E									a	
	Conditions, if any, v	which	(J)	r as a conseoue	INCE OF							
	gove rise to imme	diote) (0)									
	couse (a), stating underlying couse	lost.	DUE TO, OF	r as a conseque	NCE OF							
	DART 2 OTHER SIGNIII	EICANIT C	ONDITIONS CO	ONTRIBUTING TO F	SEATH BUIL	NOT BELATED TO THE	TEDAAII	NAL DISEASE OR CONDI	ITION GIVI	EN IN PART 1		
NO	TAKT 2. OTTEK SIGNII	I ICAITI C	_	10 N DR 5		212090		JEUMBNITT		LIV HAT ART II	u	
CERTIFICATION	19a DATE OF OPERATION	NC	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED				, WERE FINDI		
TIFIC								YES NO P		S [NO	
CER	71a. ACCIDENT WAS UNDER		216. TIME O		V5.4.D	21c HOW INJURY OF	CCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART ?)		
AL	OR CONTRIBUTING CAL		HOUR A.	m. month da	19							
MEDICAL	21d INJURY OCCURRE		21e. PLACE		17	211 LOCATION		_ 6_0				
WE	WHILE NOT WHILE	E [(AT HOME STR	EET FACTORY OFFICE F	ARM ETC)	STREET		CITY OR TOW	N	COUNTY		STATE
	220.1 certify that(1))t				<u>s</u> u	-10 19	MB	_, to	-5	19 04	that (1)	(we) lost
	sow the deceased above, (I) (we) (dia				, or	nd that in (my) our) op	oinion de	eath occurred on the date	e and hour	ond from the	couses	stoted
	226 SIGNATURE			1		DEGREE				22c DATE	SIGNE	D
	BW	Can	reliab	litr	-	MO ATTENDI		MEDICAL STAFF		7/2	4/10	1
	224 DUNG ICHANUS NIAA	AE ATURE CO	- 100			122- ADDRESS				-		

William Randall, M.D. 730. BURIAL, CREMATION, REMOVAL Cremation

July

1205 York Rd. 23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

Green Mount Cemetery Baltimore, Maryland

[23d. LOCATION CULYOR TOWN COUNTY STATE

[25d. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE]

William E. Johnson8521 Loch Raven Blvd

JUI 2 4 1984

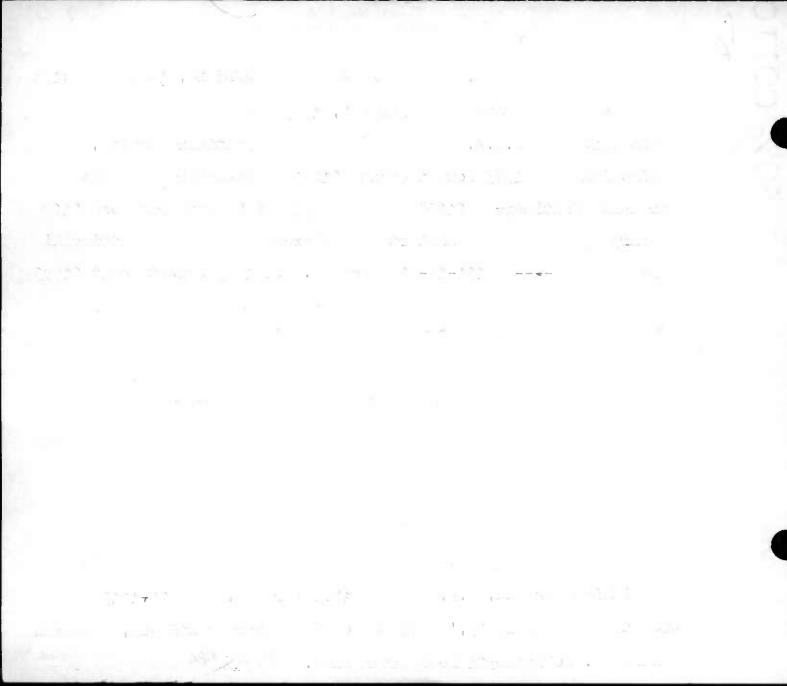
we will work fandale

DHMH - 16 50M 4/B3 (VRA 15, 4)

FUNERAL DIRECTOR:

should be detached for use as the buripl-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene priar to burial,

MPORTANT: If them 21 is



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

completely filled in by the funeral dir

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
CERTIFICATE OF DEATH	

FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		200
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE B.	AITS	3chull	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR 10 AM
3. SEX EMALE	4. RACE WHITE	S. DATE C		6. AGE (JAYEARS LAST BIRTHDAY) 89 XXXX YR	MONTHS DAYS	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN RUSSIA	76. CITIZEN OF WHAT COUN USA	MARRIE	D DIVORCED	9. BALTIMORE CITY OR COUN BALTIMOTE	COUNT	Ly MD.
BALLIMORE	(IF NOT IN SUCA FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION WITH NURSING HON		G LIFE) INDUSTRY	HOME
USUAL RESIDENCE (IF NURSING HOME OF	NTY 13C CITY OF	TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	IPPING	#des
14. FATHER'S NAME MORDECHAI	MIDDLE BERN	GARTT	15. MOTHER'S MAIDEN NA/ FIRST ROSE	WE WIDDLE		OWN
160. WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES) 214-03	SECURITY NO. 3-6848B	17. INFORMANT HARRY	B. ALTSOHULL CANANXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	APT. 20.	z ykxkxxxxx
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS	SEOUENCE OF	Gral Reop	Accept Inal disease or condition	GIVEN IN PART 1	malk
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	rinero	Distaso	20a AUTOPSY? 20b. IF	YES, WERE FINDIN	NGS USED
00 000170 0117010 0000	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
ON COOKINGULING LING ACCORDED TO THE EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATÉ
22a. I certify that (1) (this base sow the deceased alive or above, (1) (we) (did) (did	July 26	10-11	nd that in (my) (aur) opinion of	death accurred on the date and I		that (I) (wo) lost couses stated
22b. SIGNATURE Ma	neel hein	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJE	SIGNED 4
1220 PHYSICIAN'S NAME THE	LEVIN - 1	n.0	6101PK Ho	IS AVE BALTO.	MD 2/2	215
230. BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL)	7/27/84		EMETERY OR CREMATORY UK AMUNO	BALTIMORE	COUNTMAR	YLAND

BP.

etoined by the hospital or ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corban papers. Page; with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

MAPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 4/82 (VRA 15, 4)

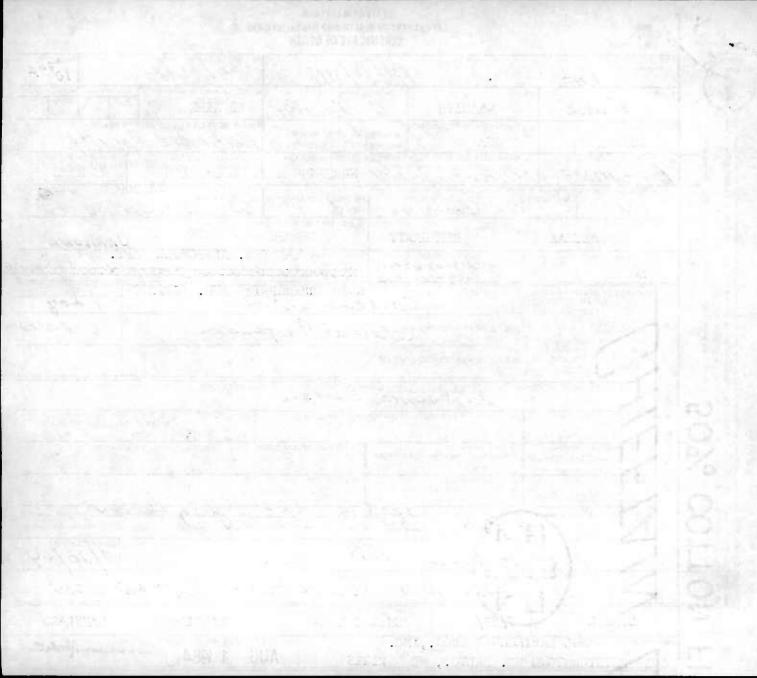
FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 24. FUNERAL DIRECTOR SOL

21215

AUG

COUNTMARYLAND

1 1984



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages Land 2 should be filed within 72 hours of with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

8	\bigcirc	1 -	FOR STATE REGIS
0			REGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1		REGISTRAR				CERTIF	ICATE OF D	EATH		REG NO.					
		CEASED NAME	FIRST		AIDDLE	L.	AST		2a DATE O	F DEATH M		DAY YEAR	2b. HOU	JR	
	{ I TYPE	E OR PRINT)	GLAD	YS		AN	DERSON	1		7	/17/	′ 84	3:	55PM	
	3 SE	х	1	4 RACE 5. DATE OF			F BIRTH		6 AGE (IN)	EARS LAST BIRTHE	-	IF UNDER I YEAR		R 24 HRS	
1	/	Female		White		8 8	2Ô	ďŜ	78		YRS.	ONTHS DAYS	HOURS	MIN.	
1/6	76. BIRTHPLACE STATE OR FOREIGN			L CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	AADDIED 🗍	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH			
W)	Pennsylvania			U.S. WIDOWE				VORCED	В	ALTIM	ORE	COUNT	Υ	MD.	
11	10 C	ITY OR TOWN OF DEA	TH 1		OSPITAL, NURSIN		R OTHER INST	ITUTION		OCCUPATION		OF BUSIN	ESS OR		
- -///.		OWSON		6701	N CHARL	ES S	T GBMC		Homen	iaker	ORKING [III	INDUSTRI			
3	13a. S		13b, COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY 13c. CITY OR TOWN Balto.			13d INSIDE C	ITY LIMITS?	131 STREET	ADDRESS / 2	Ave.21	/e.21228			
210	14. F	ATHER'S NAME FIRST		IDDLE	LAST			MAIDENNAM	ΛE						
300		William		erry	Andersor	1	Glady	ys S		WIDDLE		14	AST		
lo A	16a V	WAS DECEASED EVER		VED FORCES?	16b. SOCIAL SECU		17 INFORMA			ADDRESS		owson,	Md.		
a de	,	YES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES!	216-48-	3321	Mr. W	illiam	G. And	lerson,	120	5 Wine	Spr.		
event, the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:													RVAL DEATH	
	IMMEDIATE CAUSE (0). CARD LOPUL MONARY ARREST												30_MINN		
matic				DUE TO, OF	R AS A CONSEQUE		5 740		1.4			20	20 MIN		
trau	Conditions, if any, which gave rise to immediate (b) VENTRICULAR TACHYCARDIA										30 MIN				
the		cause (a), stating		DUE TO, OF	AS A CONSEQUE		LAUCAC	OTION					0 0	11/0	
0,0				(c)		MYOCARDIAL INFARCTION							-2 D	AYS	
injury, ar ather traumatic	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											(0)		
È A	CATI	190 DATE OF OPERAT	ION	196 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED			RMED	200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING CA						
ows	CERTIFICATION							YES 🗌	NO		FING CAUSE	NO [-		
18 show	CER	21a ACCIDENT WAS UND		21b. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTERNA	ATURE OF INJURY	N ITEM 18 P.	ART OR PART 2)			
8/1	CAL	OR CONTRIBUTING C		P./		19									
L O	MEDICAL	21d INJURY OCCURR	RED	21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	DAL STC 1	211 LOCATIO	N		CITY OR TOWN	1	COUNTY		STATE	
PORTANT: If Hem 21 is marked or Item	Σ	AT WORK NOT WH	KK	(A) HOME SIR	EET PACTORT, OFFICE, FA	RKM ETC.)	2.42								
.s		22a I certify that (I)		al) attended the	deceased from_	847/	17	19_84	to	7/17			, that (l) (
121		saw the decease above, (I) (we) (d		view the body		04 . or	id that in (my)	(our) opinion o	death occurre	d on the date	and hou	and from th	e couses st	oted	
Hen.		22b SIGNATURE	a	O had		11	DEGREE	TTENDING	MEDICAL	STAFF		22c DAT	E SIGNED	11	
± 1		Mary 1	un,	0 /// 0	ace.	141)		PHYSICIAN [PHYSICIA		77	178	4	
RTA		224 PHYSICIAMS NA		PRINT)			22e ADDRES	S						1	
MPO		DR M MC						BMC							
- 5	22. 0	BUDIAL CREATATION	DEMACUAL	LOSI CATE	22. 1	LANE OF C	EMETERY OR C	DEMATORY	1224 LOC	ATIONI					

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If hem 21 is marked or

24 FUNERAL DIRECTOR Anatomy Board

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7/17/84

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~ P	#14, 16b, FilmC FOR - STATE REGISTRAR	G594 8/24/84 DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8_4	7 9 7 8		
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	20 1100K		
	PE OR PRINT)	в. А	RMSTRONG	July 15, 1984	905		
3.5	SEX 4.1	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS		
ge 4 ors of	Female	White	March 13, 1894	90 _{YRS}			
oth. Po	BIRTHPLACE (STATE OR FOREIGN 16.	CITIZEN OF WHAT COUNTRY?	8 MARRIED □ NEVER MARRIED □ WIDOWED ▼ DIVORCED □	Baltimore County of Death Baltimore County ME			
b the b	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR		
s offer	Towson	Presbyterian	Home	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	Own Home		
	UAL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY Howa	HER INSTITUTION, GIVE RESIDENCE BEFORE A	ADMISSION) 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 12326 Benson B	21043 ranch Rd.		
E 50 13 4	FATHER'S NAME	DIE Edward LAST	15. MOTHER'S MAIDEN NAM	WE	LAST		
w be ond ond	14/1221	Bischoff	Minnie	Belle	Armstrong		
16a	WAS DECEASED EVER IN U.S. ARME		INFORMANT	ADDRESS			
Po or	(YES, NO OR UNKNOWN) (# YES, GIVE W	130 00 0	Mrs. David	fink, Ellico	tt City, MD		
physicie movol.	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		Dulmovary An	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ding or re-	IMMEDIATE						
death offen non, oumo	Conditions, if any, which	(B) ARTENIOS	cleratic emois	Ascular Disers	4vs		
of the coy the cose remover.	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE					
quires the signed hen pled to burial njury, or		6/	EATH BUT NOT RELATED TO THE TERM	inal disease or condition given	IN PART TIO		
The state of the s	190 DATE OF OPERATION	196. CONDITION FOR WHICH O		20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED		
visition. ysicion. ysicion. ysicion. ysicion. yyaicion promit. There yyaicion prior to b 8 shows ony injur.				YES NO YES YES	NG CAUSES OF DEATH?		
5 E 2 F / / / /	OR COLUMNIC CALLER OF RELIEF	21b. TIME OF INJURY HOUR A.M. MONTH DA	1	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)		
PHYSICIA ending plans certifus certifus certifus has briolital dor frem dor frem MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
NG ther orke	WHILE NOT WHILE AT WORK			11/	\$4		
TTENDI priol or TOR. A for use of Heal	22a. certify that (1) (thus hasputal) sow the deceased alive on above, (1) (we) (did) (did not) v	July 15 190	, and that in [my] (apinion of	death occurred on the date and hour a	nd from the causes stated		
or A the has tached tached toched toched toched	226 SIGNATUS	101 11	DE GREE ATTENDING	MEDICAL STAFF ¶DIRECTOR □ PHYSICIAN □	7-16-84		
HOSPITAL ained by to FUNERA out the State the State PORTANT	224 PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS	DIRECTOR PHYSICIAN	. , ,		
0 = 0 = 3 = -	Dr. S. J. Ve		.D. 7215 York		AD		
₹ 1 1 3 5 5 230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY MD STATE		
BP	Cremation		Green Mount	Balto.,			
DHMH - 16 50M 4/83	FUNERAL DIRECTOR Henry 905 York Road,	W. Jenkins& Balto., MD	Sons Co.	E REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE		

THE STATE OF THE S STREET STREET TO THE STREET STREET The state of the s The Arthur Control of the State Sift pulper on a Consumble or graffing transfer it it although the confidence of the Your sound I have the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. P

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMEORTANE: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

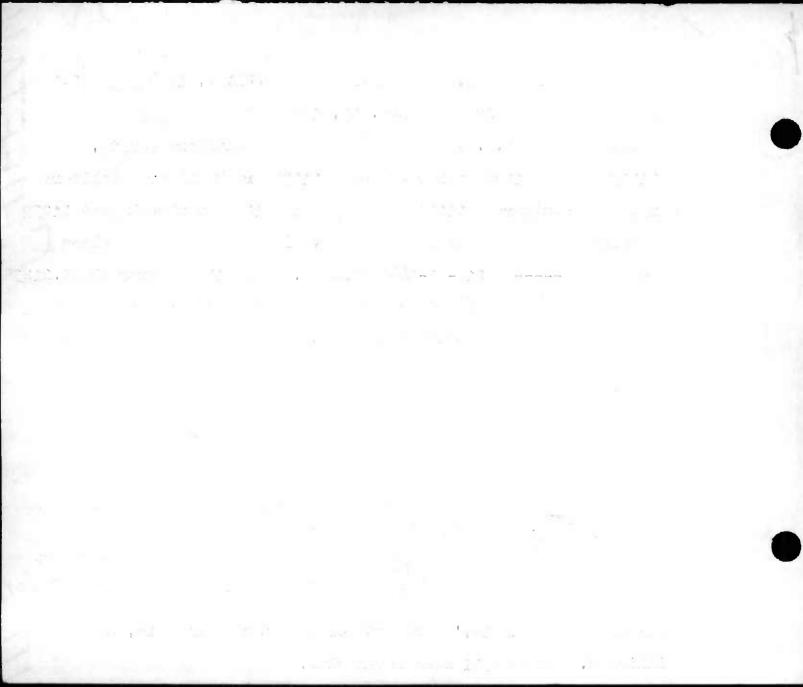
STATE OF MARYLAND

DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE	OF DEATH

1.	FOR - STATE REGISTRAR			IEALTH AND MENTAL HYC	REG. NO.	. /	
	CEASED NAME FIRST	WIDDLE		AST		ONTH DAY YEA	AR 2b HOUR
{TYP	CHAF	RLES A.	AS	SPLEN	JULY 7, 19	984	2:30Am
3. SE		4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER TY	YEAR IF UNDER 24 HRS
1	Male	White	Nov		77	YRS MONTHS D.	AYS HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	OUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEAT	H
	Maryland	U.S.A.	WIDOWE		Baltimore	2 County	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINESS OR
1	21239	1206 Ov	erbrook 1	Road 21239	Truck Driv	er De	livery
Ma	V	NTY 13c CI	DENCE BEFORE ADMISSION) Y OR TOWN 1239	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 1206 Overb		ad 21239
14, E.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ALIDDI F		LAST
	Howard	A	splen	Paulin	е		ıbman
160	WAS DECEASED EVER IN U.S. A	ME WAR OR DATES	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
	YES NO OR UNKNOWN) (IF YES, G	217	-03-3446	Hilda C. A	splen1206 C		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for	(a), (b), and (c).)		112	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		TE CAUSE (o)	YOCAIP	DIAL 1	11:17:205	181	MINS
		DUE TO, OR AS A	CONSEQUENCE OF	-			V D =
ļ	Conditions, if ony, which	((b)	73000				TIC)
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF				
	underlying cause last	(c)					
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PAR	I lia
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIR	
E					YES NO P	YES 🗌	NO 🗌
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF DE		RY ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HITEM 18 PART I ORPAR	f 2)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	Ain	19				
MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	2, CITY OR TOWN	COUNT	Y STATE
2	AT WORK NOT WHILE AT WORK		1	7-7	6 7 7	5	/
		attended, the deced		. 19	7. to	19 0	Z, that (I) (ye) lost
	saw the deceased always above, (I) (ye) with winds	of hew the body ofter or	19 8 4, 0	nd that in (my) (our) opinion	death accurred on the date	and have and from	the couses stated
	226 SIGNATURE	11,1/-		DEGREE	Acres 1215	22c D	ATE SIGNED
	OKV	1/10	Set	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	N 0 7	1-1-84
	22d. PHYSICIAN'S NAW!	MARD	D. 19-19	77* ADDRESS 710	A 0816	12 D	R 2,204
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR YOWN	COUNTY	STATE
	Burial UNERAL DIRECTOR	July 10.	84New Ca	thedralCeme	etery Balting Registrar 25b	more, MI	
	NAME	0.11	ADDRESS	30	E NEGO KAK 25	L REGISTRAR'S SIG	NATURE
W	<u>illiam E. Jol</u>	nnson8521	Loch Rav	en Blvd.	4		de

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDIE 20 DATE OF DEATH MONTH DECEASED NAME EIRST (TYPE OR PRINT) 8 05 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 3. SEX JULY 14, 1907 FEMALE WHITE 76 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED MARYLAND USA BALTIMORE COUNTY DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY LITYPE OF WORK FOR MOST OF WORKING LIFE) RANDALLSTOWN BALTIMORE COUNTY GEN. HOSP. HOUSEWIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO. 13e STREET ADDRESS / ZIP CODE 1607 WOODLING WAY MARY LAND BALTIMORE 13d. INSIDE CITY LIMITS? #21208 YES T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME SARAH MIDDLE PHILIP GOLDMAN RUDMAN 17 INFORMANT SAMUEL ASRAPESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 212-28-3154 1607 WOODLING WAY BALTO. MD 21208 APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse -venacaval fistula man Secondary to CERTIFICATION 20a AUTOPSY G.T. Bleedin IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH WEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE T

220.1 certify that (1) (the hospital) ottended the deceased from July , and that in (my) (one) opinion death occurred on the date and hour and from the causes stated 19 84

22h SIGNATURE DEGREE ATTENDING MEDICAL

23e BURIAL CREMATION.

(SPECIFY BURIAL

Merchaut

7/6/84

23c. NAME OF CEMETERY OR CREMATORY BETH TFILOH

CITY OF TOWN BALTIMORE MARYLAND

COUNTY

7h HOUR

ld b

00 Î

> 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 2121

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

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	2017	- Jugar		
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mary.			31 V. 4	
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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH									4	1/	9	3	
W 2000 2		CEASED NAME PE OR PRINT)	FIRST	7412	MIDDLE	EXAMINE	ATWOOD			REG. NO. 20. DATE KNOWN TO ONE OF ESTI- DEATH MATED		N FOLLOWIH	DAY 1	YEAR 2b HOUR
	3. SE	ALE	4 RACE	5. DATE OF BIRTH	2°4°	6. AGE (IN YEAR LAST BIRTHDAY) MONTH	DER 1 YR.	IF UNDER	24 HRS. 2c.		July	190	VEAL 2d HOUS
Se of February Control of Control	FC	RTHPLACE (ST DREIGH COUNTRY) New Yo	rk	76. CITIZEN OF WHAT COUNTRY?			8. MARRIED X NEVER MARRIED 9 BALTIMORE			BALTIMORE CIT		ITY OF DEA	TH	
DELAY IS N TO THE F TO THE F SE FILED.		TOWSO!	V /	11. NAME OF HOS (IF NOT IN SUCH FA	SEPH	HOSP	TAI	R INSTITU	TION	Pub.	l occupation of of working life) lisher	(TYPE OF WORK	OR INI	of Business Dustry Employ
7 V C	13a. S	PENNA	131, COUN'	r other institution, gi TY Ork	13c. CITY	OVER		13d. INSIDE (1 Yes 🗌		13e. STREE1	#4 P.O	. Box	101	99999
DEATH DEATH		ATHER'S NAME	EVER IN U.S. ARA	MIDDLE	A	twood	NO	15. MOTHE	R'S MAIDE	N NAME	MIDDLE	Ecc	LAST	
URS AFTER WITH FOR WITH FOR PAGES IT PAGES IT DANSION	()	Yes	(IF YES, GIVE Y	W II		-14-53				Atwo	odRD#4		x101	17315
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL ATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "DR. PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ID., 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	Condition gove ris couse (a) lying cous FART 2 UTHEL IN 210. EXTERNA UNDERLYING CONTRIBUTIN 210. INJURY O WHILE AT WORK	OPERATION L CAUSE WAS OR G CAUSE OF D CCURRED NOT WHILE AT WORK	DUE TO, OD	INJURY MONTH	DAY YEAR 19 (AT HOME, IC.)	[216. HO	W INJURY ATION REET	100-11-11) (ENTER NATI	URE OF INJURY IN 1TEA ITY OR TOWN		DUNTY	
TO MEDICAL EXAMINER TO MEDICAL EXAMINER TO FUNE WAS UNITED BE FO TO FUNE WAS UNITE THE CERTIFICAL AFTER DEATH, WITH THE BALTIMORE, MARYLAND.	24. F	remati UNERAL DIRECT NAME	NAME Char ION,REMOVAL 23 ON J	uly21,	84 G:	nnell.	M, I	cremato t Cen	750 DRY meter 250. DATE R	Undeterm ICA 1 YO	ALEXAMINER RK Rd.	DATE SIGN	3161	9/24

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		TOTAL LANGE	111-
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STATE OF MARYLAND

DEPARTM

ENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	Ö
CE	RTI	FIC	ATE	OF	DEATH		

REG. NO.				34
20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	IR
JULY 14,1984				
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
87 YRS	MONTHS	DAYS	HOURS	MIN

AUODOUN **BERTHA** BELLE 4. RACE 5 DATE OF BIRTH 1. SEX May 8,1897 YEAR Female White 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY?

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN

MIDDLE

IMMEDIATE CAUSE to

MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

Mary land IN CITY OR TOWN OF DEATH Baltimore

No

- STATE REGISTRAR DECEASED NAME LIVEE OR PRINTS

> WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
> Armacost Nursing Home

> > 17 INFORMANT

13d INSIDE CITY LIMITS?

176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker

13e STREET ADDRESS / ZIP CODE Blenheim Rd. 21212

Baltimore Maryland Baltimore 14 FATHER'S NAME

LAST

15. MOTHER'S MAIDEN NAME Virginia Fox

ADDRESS

James Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) TIF YES, GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one couse pe

IN SOCIAL SECURITY NO

220-12-9150

ine for (a), (b), and (c

Oliver Auodoun, Jr. 6705 RARKWAY

MIDDLE

Conditions, if ony, which gove rise to immediate cause (a), stating underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

DEATH BUT NOT RELATED TO I SE TERMINAL DISEASE OR CONDITION GIVEN IN FAR

70b. IF YES, WERE FINDINGS USED

COUNTY

STATE

IN CERTIFYING CAUSES OF DEATH?

LAST

19a DATE OF OPERATION

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED

21h TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

NOF YES [

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION

20a AUTOPSY?

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

saw the deceased alive on not) view the body after

23b. DATE

ATTENDING STAFF TENDING ANDICAL STAFF

77e. ADDRESS

Towson. Md.

CITY OF TOWN

Charles F. O'Donnell, M.D.

7501 York Rd. 23¢ NAME OF CEMETERY OR CREMATORY

Woodlawn, Balto. Co., Md.

22c. DATE SIGNED

Burial

(SPEC#Y)

CERTIFICATION

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

ADDRESS 6500 York Rd.

DEGREE

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Tuna Daydron Gandos

21204

23a. BURIAL CREMATION, REMOVAL

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

July 17.1984 Lorraine Park

STORE . HA CLARE HE WAS A STORE TO A STORE THE A STORE White I will also with the state of the stat and the second of the second of the THE WATER OF THE PARTY OF THE P the first transfer of the same of the state of the same of the . In a property of the second second

STATE OF MARYLAND

FOR

20M 4/82

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retained by the	0	£	3

STATE OF MARYLAND	0	4.5	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	41.3	
CERTIFICATE OF DEATH		REG NO	

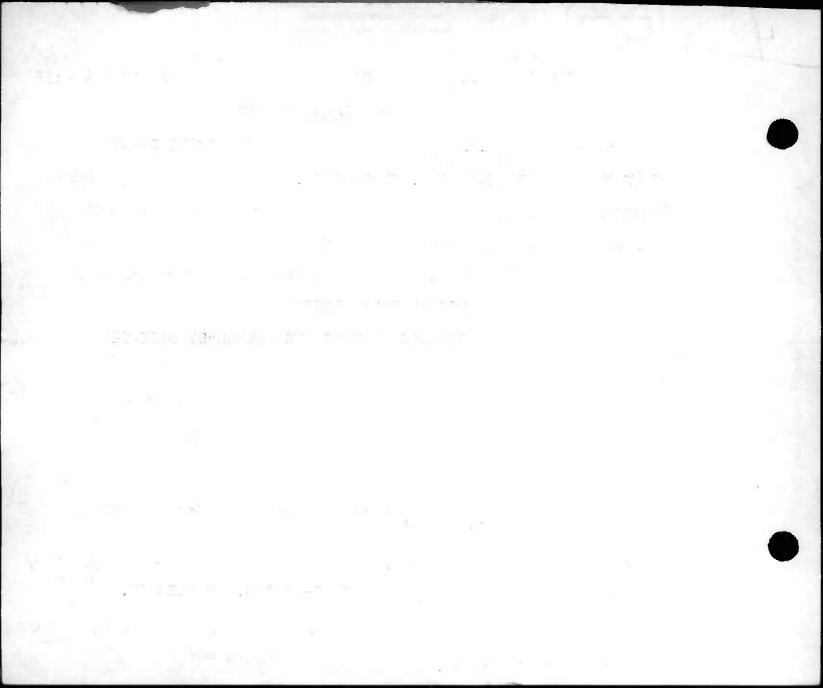
1.	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTA		NE O 44			7	0	4
I. DE	CEASED NAME	FIRST	,	MIDDLE	(AST	20		MONTH	DAY	YEAR	7h HOL	JR
{TYPI	E OR PRINT)	EDWA	RD	J.	ВА	CON			7	17	184	4:5	554
3 SE	х	1	RACE		5. DATE C	/ = =	6	AGE (IN YEARS LAST BIRT	HDAY)	MONTHS		IF UNDER	
	MALE		Whi	te	6	O'	2	82	YRS		DAYS :	HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D. NEVER MARRIE	D	BALTIMORE CITY OF	_				
	Maryla		U.S.		WIDOWE			BALTIMOR	_				MD.
10. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTIO		TYPE OF WORK FOR MOST OF			KIND OF	BUSINE	ESSOR
2	TOWSON		GBMC-	6701 N.	CHA	RLES ST.		Retired				arme	r
13a_3	AL RESIDENCE (IF NURS	13P CORN		13c. CITY OR TOW	N	13d. INSIDE CITY LIM		street Address /		_	.111		
_	rylandD.	Dal	CIMOLE	MOTIRE	OII	15 MOTHER'S MAID			. Nu.	2.1			
	Samuel	Ř	IDDLE	Bacon		Belle		MIDDLE		Ben	ison		
	WAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	IRITY NO	17. INFORMANT		ADDRE	SS				
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	243-10-	0371-	A S.R. B	acon	845 Corbe	ett F		2111		
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	one couse per BY: CAUSE (a)	RESPIR	ATOR	Y ARREST				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
NOI	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN												
FICAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	CH OPERATION WAS PERFORMED			IN CERTIFYIN			VERE FINDINGS USED NG CAUSES OF DEATH?		
CAL CERTIFICATION	216. ACCIDENT WAS UNI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	DAY YEAR			YES NO YES URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				NO [
MEDICAL	21d INJURY OCCUR WHILE NOT WE AT WORK	HILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET		CITY OF TO	WN		UNIY		STATE
	228 I certify that (I) sow the deceas above, (I) (we) (ed olive on_	7/1	19 8		nd that in (my) (our) o	84 Spinion deo	oth occurred on the do	ite and ha		om the c		
	226. SIGNATURE		Papp	as)	MO	DEGREE ATTEND PHYSIC 1220 ADDRESS		MEDICAL STAF DIRECTOR PHYSIC		n n	Z/	17	84
	Piar	ne P	appa			GBMC-6		N. CHARL	ES S	ST.		ı	
	BURIAL, CREMATION,	REMOVAL	236. DATE	23c h	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN		COUNT	TY		STATE
	Buria	1	7-20-	-84 S	t. Ja	mes Church	1	Monkton	Ba.	Ltimo	ore,	Mary	land
24. F	UNERAL DIRECTOR			ADDRESS	50 Yo	rk Rd.	150. DATE R	2 0 984	75b. REGI	Dan do	ROAN	THOUSE	
R	uck Towson	Funer	al Home	The T	ดพรดท	21204	000	(

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is

Ruck Towson Funeral Home Inc.



FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) 3 SEX Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO					
20 DATE OF DEATH M	- 21	7 - 8	YEAR	26 HOL	A A
6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
69	YRS.	MONTHS	DAYS	HOURS	MIN

To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY

136 COUNTY

Baltimore

MONTH DAY NEVER MARRIED MARRIED W

YES [

5 DATE OF BIRTH

20 USUAL OCCUPATION

Secretary

MIDDLE

12b. KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

Union Printing

CITY OR TOWN OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VER VIEW USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

113d INSIDE CITY LIMITS?

13e STREET ADDRESS 95 Kinship Rd 21222

BALTIMORE CITY OR COUNTY OF DEATH

Maryland 14 FATHER'S NAME William

No

13g STATE

MIDDLE R.

LAST Ball 166 SOCIAL SECURITY NO

electatic

146 CONDITION FOR WHICH OPERATION WAS PERFORMED

13c. CITY OR TOWN

Dundalk

Leona

FIRST Bessie 17 INFORMANT

15. MOTHER'S MAIDEN NAME

NO X

Bankard 258°5t. Helena Ave. 21222

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 410-03-2047 18 CAUSE OF DEATH (Enter only one couse perline for in), (b), and is

Dundalk, MD Louise Muse Carcinoma

Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost.

M DATE OF OPERATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1111

e AUTOPSY?	20s IF YES, WERE FIN IN CERTIFYING CAU	DINGS USED
EEFT NOTE	YES []	
CS LI NULL	152:1-1	NO.

THE ACCIDENT WAS UNDERLYING. [OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTBY MEDICAL EXAMINERS 114. INJURY OCCURRED

AT WORK

21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR THE PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE NARM, ETC.)

211 LOCATION 578667

ZIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM IN MARY I DRIVARY II)

COUNTY STATE

27s.1 certify that (I) (this haspital saw the deceased al

nd that in (my) (our) opinion death accurred in the date and hour and from the causes state DEGREE

ATTENDING MEDICAL PHYSICIAN

CITY OR TOWN

22r. DATE SIGNED

OLD EASTERN AVE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

at works

23b. DATE 07/30/1984

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park

Elkridge

Maryland

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

AUD

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Hem

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Mental Hygiene

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should be deto MPORTANT

Walter Brooks Bradley, Inc. Dundalk, MD

21222

Julia Davidson-Randall

DHMH - 16 60M 1/75 (VR A 15 (4))

JUL 3 D 1997 July 1 - There

non and competelly

STATE OF MARYLAND FOR - STATE REGIST

DEPARTMENT OF HEALTH AND MENTAL HYG	IENE Ö	6.5		1	
CERTIFICATE OF DEATH		REG. N			
£AST	2a DATE OF	DEATH	MON	TH D	A
DEHAM		1111	V	06	

ı	REGISTRAR				REG. NO				
Ī	DECEASED NAME FIRST	MIDDLE	1/	151	to Ditte Of Deltiti		AR 26 HOUR		
Į		BENSON BARE				06, 19	791		
I	3. SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		
Į	Male	White	Sep.		67	YRS.			
1	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR				
I	Maryland	USA	WIDOWE		BALTIMOR	RE COUNT	Y MD.		
Ť	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			12a USUAL OCCUPATIO		ND OF BUSINESS OR		
1	TOWSON			DICAL CENTE	Superinte	endent Ba	alto. Co.		
1	USUAL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	TIP CODE MC	d. 21030		
1	Md. Balt		eysville	YES NO X			ockeysville		
ī	4 FATHER'S NAME			15 MOTHER'S MAIDEN NAM	AE .				
1	Harwey How	ward Bare	ham	Elsie	WIDDLE		Nailor		
Ī	160 -WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRES		Mills, Md.		
١	Yes WW	/ II 214-2	2-7028	Mr. Neil J.	Bareham,	12 Oakm	ere Rd.		
i	18. CAUSE OF DEATH (Enter of	nly one cause per line for (a). (b	ond (c.		21117	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
ı	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY: CARD	10 PULI	MONARY ARRES	ST				
ı	IMMEDIA	IMMEDIATE CAUSE IO)							
ı	Conditions if any which	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ((b) CVA							
ı	gove rise to immediate	gave rise to immediate							
١	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	EQUENCE OF						
ı		, [6]							
I		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN PA	R1 110		
4	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WI	HICH OPERATION	J WAS DEREODANED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS LISED		
1	E IVA DATE OF OFERATION	176 CONDITION TOR WI	TICH OFERATION	WAS FERI ORMED		IN CERTIFYING CA	USES OF DEATH?		
4	Ē				YES NO X	YES [NO 🗌		
ı		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAI	R1 2)		
ı	S (IF EITHER NOTIFY MEDICAL EXAMINE		19		_				
ı	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	EICE EADAN ETC.)	211 LOCATION STREET	CITY OF TOW	N COUN	IIY STATE		
I	WHILE NOT WHILE AT WORK	TALLOWE STREET PACTORS OF	FRE FARM EIC)		-				
1	22s.I certify that (I) (this houp	that attended the deceased fr	om 7/2/8	4 19	, to	6 ,84	, that (I) (<u>w</u> e <u>) l</u> ast		
ı	saw the deceased alive or	n 7/6	19.84 on	d that in (my) (our) opinion d	leath accurred on the dat	e and have and tran	n the causes stated		
1	22b SIGNATURE	or) view the body after death		DEGRES		274. 1	DATE SYGNED		
ı	How Ha	110/	1-1	ATTENDING V	MEDICAL STAFF DIRECTOR PHYSICIA	NO 5	7/R4		
1	778 PHYSICIANS NAME ITTE	There's		22e ADDRESS	DIRECTOR PHISICIA	414	100		
		/			ADIEC CT	DALTIMO	RE.MD 2120		
1		PTMAN	22. 114445 05 5		TARLES ST.	DALIIMU	CE, MU ZIZU		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY	CITY OF TOWN	Do Too	NA STATE		
1	Buraya II.	7/9/84	Dulane	y Valley Cem	. 11monium	n, parto	. IVId.		

DHMH - 16 50M 4/83

TO FUNERAL DIRECTO

(VRA 15, 4)

on-Mitchell-Wiedefeld, Inc. 10 W. Padonia R.O.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
OTHER A 1001

A-10 3 ET 17. Application of the second of t Application to the second of t THE STATE OF THE STATE OF

death Page 4 may be

within 24 haurs ofter

and completely filled in by the fi and 2 should be filed with

STATE OF MARYLAND

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1.	STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEATH		3. NO.	197	
	CEASED NAME	FJRST		MIDDLE	L	AST	20. DATE OF DEAT	H MONTH DA	AY YEAR	2b. HOUR
(TYP)	E OR PRINT)	talte	2	Garl	B	den fart		7 6	84	125 AM
3. SE	х	1	4. RACE		5 DATE C		6 AGE (IN YEARS LAS		FUNDER I YEAR	IF UNDER 24 HRS
-	Male		WI	ht	6	24 90	94	YR5.	Jan	MOOKS MILE
	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTR	Y? B	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY C	OF DEATH	
	laryland		Unite	d State:	S WIDOWE	DIVORCED	Baltimo	re Count	у	MD.
10. C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR
1	Towson	N/10	Valle	y View 1	Nursing	Home		tendent		imore Cit
13a S	AL RESIDENCE (IF NURS STATE LTY land	136 COUN		130. CITY OR TO	NWO	134 INSIDE CITY LIMITS?	13e STREET ADDRE	ss vern Ave	nue	204
14. F/	ATHER'S NAME		AIDDLE	1451		15 MOTHER'S MAIDEN NA	ME		LAS	
W	alter		oward	Barnl	hart	Laura		ginia	-	eaver
	WAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFORMANT	AC	DRESS		
{	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-40-	-5229	Mrs. Edythe	B. Hoopes	1008 M	lalverr	n Avenue
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)				BETWEEN	ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)							10		
	DUE TO, OR AS A CONSEQUENCE OF							1000		
	Conditions, il any, which ((b) Praame Fram									
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause last.							3	1 116	
	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIVE	N IN PART II	0.
CERTIFICATION		100	eac ,	gone	20					
CA	190. DATE OF OPERA	TION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
RTIF							YES NO			NO
	210. ACCIDENT WAS UN		21b. TIME O	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM TB PAR	RT 1 OR PART 2)	
EDICAL	(IF EITHER NOTIFY MED			M.	19			3)		
(ED)	21d. INJURY OCCUR		21e PLACE	OF INJURY	E FARM ETC)	211 LOCATION	CITY	OR FOWN,	COUNTY	STATE
 	AT WORK NOT WE	HILE D		/	,	1.11 00		2///	Die	
	220.1 certify that (1)		attended th	decembed from		119 1010	, to	10/11	- /	that (I) (we) last
	sow the deceme	ed alive on_ dairidid nos	eview this bady	ofte death.	1 0	nd that in (phy) tout collion	death occurred on	ie date and hour	ond from the	causes stated
	12h SIGNATURE	1		1 Mi	-1	DEGREE	Manical	CTAFF	22c. DATE	SIGNED DI
		Z OJ	mo			And the last of th	MEDICAL DIRECTOR =	STAFF YSICIAN []	111	0/04
	VUOT	AME USE	Vu	NGU	YEA	6331	Befair	Kd	Balt	21206
23o. I	BURIAL, CREMATION,	REMOVAL	236 DATE	23	It. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial		July	9,1984	Parkwo	ood	Baltim			aryland

BP

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT; If them 21 is marked or trem 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital ar attending physiciar injury, ar other traumatic

Mitchell-Wiedefeld Home

24 FUNERAL DIRECTOR

6500 York Road

JUL 1 1984

saltimore, Maryland

By REGISTRAR 256. REGISTRAR'S SIGNATURE

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	es of Minds	80.00	15.	440_9#4si

1 - FOR STATE REGISTRAR
I DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١,	REGISTRAR			CERTIFIC	CATE OF DEATH	REG. NO.		
	CEASED NAME /#	Lillian	L.	(A)		28. DATE OF DEATH MONTH		11 45
3. 58	X200000 W	4 RACE Whit		July	Bassford BIRTH 20, 1912	6. AGE THY MAKE LAST BRINDAY	FUNDER NEW	
	RTHPLACE ISSUE DEFORME COUNTYS aryland				NEVER MARRIED	Partimore City or Cou		MD
18, €	arkville	(# NOT IN SUCH	OSPITAL NURSING PACILITY ONE STREET A AKET AVEI	DORESS)	OTHER INSTITUTION	17st USUAL OCCUPATION (17FT OF WORK FOR #GUT OF WORK) HOUSEWITE		O OF BUSINESS OR
13s.	AL RESIDENCE IN HURSING IN STATE 134	COUNTY Baltimore			IN INSIDE CITY LIMITS? YES □ NO 🏋	13+STREET ADDRESS / ZIP (Avenue 2	1234
2	Milton	MERIE K.	Holbrook		Jeannette	NAMES OF TAXABLE PARTY	nhard	TASE
1000	WAS DECEASED EVER IN U	OFF, COST MARK THE PLATERS.	186 SOCIAL SECUR 215-34-96	5.363 W	CONTRACTOR OF THE COURT OF THE		Same	
z	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LET TO ONLY CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO ONLY IN PART 1:0 IN CAUSE OF DEATH TENTER ONly INTERVAL AND INTERVAL							
CERTIFICATION	1%, DATE OF OPERATION	196, CONDIT	ION FOR WHICH O	OPERATION	WAS PERFORMED		FYES, WERE CAUS	ES OF DEATHY
MEDICAL CERTIF	21g. ACCRIMI WAS UNDERFOOD OR CONTRIBUTING OR CONTRIBUTING OR CHILD ACT AND CALE 21d. INJURY OCCURRED WHILE SCILL AT MORE AT WORK AT MORE 270.1 certify that (1) (this says the discessed obove, (1) occurred 270.5 SIGNATURE 272d. PHYSICIAN'S NAME	OF OFAIN AMMER! P.M P.ACE O AN HOWE, STREET AND THE OWNERS AND AND THE	MONTH DA	84 J	THE LOCATION SIRE! 19 6 That in (my) (he) opinion EGREE ATTENDING PHYSICIAN The ADDRESS	RRED (states settled or include in the	19 St Da	thirt (I) (N) first the courses storted of 131/84
_	Frank T.	Kasik			9005 Har	ford Rd. Baltim	ore Ma 2	11234

DHMH - 16 50M 4/83 (VRA 15, 4)

th the State (

236 BURIAL CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

Aug.2,1984

73r. NAME OF CEMETERY OR CREMATORY Wards Chapel

Randallstown

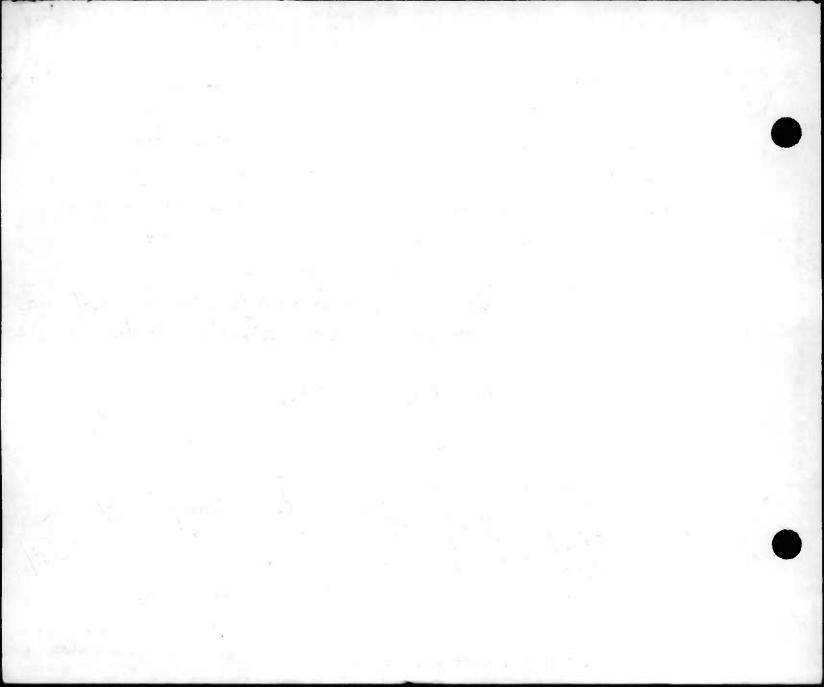
Balto.

5040 Md.

Leonard J. Ruck Inc. Baltimore, Maryland

AUG

ALIC 4 DOA CHIE REGISTRANTIN REGISTRATURE



requires that the death certificate be executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in I should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fixethe State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather traumatic event, the medical exam

ttor, page 3

STATE OF MARYLAND

3	deg	i	1	4
	DEG NO			

	1 -	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	1/) 3 4
1	1. DEC	CEASED NAME FIRST		AIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
ı	(IYPE)	CEASED NAME FIRST OR PRINT) Elmer	E_{ullet}	Beck	J	r.	July 26, 1989	4	_ M
ı	3. SEX		4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
١		Male	Caucas	sian	Febr	uary 1, 1911		MONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
)	M	lary land	U.S.	A.	WIDOWE		Baltimore Co	ounty	MD.
		ry or town of DEATH Dundalk	1710 Me	lbourne	Road .	or other institution 21222	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) Bethlehem	GIFE INDUSTRY	OF BUSINESS OR
)	13a S	AL RESIDENCE (# NURSING HOME O TATE 136, COU LIYY Land Bal	rotherinstitution. NTY timore	GIVE RESIDENCE BEFORE 131. CITY OR TOW Dundali	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO. 1727	13e.STREET ADDRESS / ZIP C 1710 Melboury		21222
0	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		IA	
1		Elmer	E. Beck	LAST		FIRST Anna		Beall	51
1	16a. W	AS DECEASED EVER IN U.S. AI		16b SOCIAL SECU	RITY NO.	17 INFORMANT MY. W	alter ABEER		
ı	IV	(AS DECEASED EVER IN U.S. AI ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	217-09-5	779	4013 Buckingh	am Road 21201	7	
		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF		/NAAKC		KMATÉ INTÉRVAL ONSEI AND DEATH
	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1	0
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDS RTIFYING CAUSE YES []	
		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	a 18 PART (OR PART ?)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21t. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (d.d.) (did h	n	19	. 01	nd that in (my) (our) opinion d	, to on the date and		that (I) (we) last couses stated
		22b. SIGNATURE	eda	un		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	2714
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			The ADDRESS E. PAR	RA, M.D.		
						7122 HARFOR	D ROAD		
7	23a B	URIAL, CREMATION, REMOVAI	236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	234 TOCATION		
- 1		SPECIFY)		-1			CITY OR TOWN	COUNTY	STATE

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 7/30/84 Pleasant Hill Cemetery Owings Mills Baltimore,

14 FUNERAL DIRECTOFLOTING Byers Funeral Directors, Inc. 250 DATE REC'D BY REGISTRAR'S SIGNATURE

8728 Liberty Road Randallstown, MD. 21133 JUL 3 984 Landson Andrees Randallstown, MD. 21133

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	STATE			DEPARTMENT OF HEAL	. I I ANU MENI AL II	TGIEND "	
	REGISTRAR		MEI	DICAL EXAMINER'S	CERTIFICATE O	FDEATH REG. N	0. /
	E ASED NAME	FIRST		WIDDLE	LAST	2a. DATE KNOWN DE ESTI-	MONTH DAY YEAR
	PAU	LINE			EES	DEATH MATED	July/184
. SEX			DATE OF BIRTH	YEAR LAST BIRTHDAY) MI	UNDER 1 YR. IF UNDER	MIN PRONOUNCED	MONTH DAY YEAR
26 BII	Female STATE O	Nhite	6 20	1899 85 YRS.		DEAD 1	OR COUNTY OF DEATH
FOR	REIGN COUNTRY)			MA	ARRIED NEVER MARRI	ED U	re County
Ma	ryland	EATH 11	U.S.A. I. NAME OF HOS	PITAL, NURSING HOME, OR C	- 71	120 USUAL OCCUPATION (TY	E OF WORK 12b. KIND OF BUS
	Towson BALTO CO		ST JOS	EPH HOSPITAL		Bookkeeper	OR INDUSTR
3a ST		NURSING HOME OF O	THER INSTITUTION, GI	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3326	Lawnview Ave
	aryland			Baltimore	YES NO	PACKERSGY	CK/KANDKRYVAG/
7	THER'S NAME	A	AIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDOLE	LAST
_	oseph /AS DECEASED EV	ER IN U.S. ARMEI	P. DEORCES?	Obst	Amelia 17. INFORMANT	ADDRESS	Mae
	S, NO, OR UNKNOWN)	(IF YES, GIVE WAI		159-07-6447		11 Home, 615 Ch	
		ATH (Enter anly a	ine cause per line		- Troncing	C LOSSE / OLD CIT	APPROXIMATE
	PART I DEATH	WAS CAUSED B	Y:	pedede	Ans	1	AETWEEN ONSET
		IMMEDIATE		4 CONSEQUENCE OF	1		
	Canditians, if		5	Tomosel.	1/ 8/51	1111	万士で
	gave rise to cause (a) state	a immediate	DUE TO, OR	AS A CONSEQUENCE OF	O FILL	30 0	1
	lying couse lo		1				1/
	lying couse to	-	(-)				
			(c)	BUT NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PA	RT 1 (6)	
NOI	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON			100	RT 1 (a)	
ICATION		ANT CONDITIONS CON		BUT NOT RELATED TO THE TERMINAL DIS	100	RT 1 ie:	20 AUTOPSY?
ERTIFICATION	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	196 CONDIT	TION FOR WHICH OPERATION	N WAS PERFORMED?		YES 🗆
AL CERTIFICATION	PART 2 OTHER SIGNIFIC 190 DATE OF OPE 210 EXTERNAL CA UNDERLYING	RATION RESULTED THE SECOND SE	21b. TIME OF HOUR A.M	TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR	N WAS PERFORMED?	D (ENTER NATURE OF INJURY IN ITEM 18	YES 🗆
DICAL CERTIFICATION	PART 2 OTHER SIGNIFICE 190 DATE OF OPE 210 EXTERNAL CA	RATION AUSE WAS OR CAUSE OF DEA	216. TIME OF HOUR A.M	FINJURY A MONTH DAY YEAR TO SEE THE SECOND S	N WAS PERFORMED?		YES 🗆
CAL	PART 2 OTHER SIGNIFICE 190. DATE OF OPE 210. EXTERNAL CA UNDERLYING CONTRIBUTING 210. INJURY OCCU WHILE NO	RATION SUSE WAS OR CAUSE OF DEA	216. TIME OF HOUR A.M	FINJURY A MONTH DAY YEAR TO SEE THE SECOND S	N WAS PERFORMED?		YES 🗆
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICE 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTION C	RATION CAUSE WAS OR CAUSE OF DEA JERED DT WHILE WORK	21b. TIME OF HOUR A.M ATH P.M 21e. PLACE C STREET, FACT	TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR 19 OF INJURY (ATHOME. 211. 108Y, FARM, ETC.)	N WAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET	D (ENTER NATURE OF INJURY IN ITEM 18	YES D
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICE 190 DATE OF OPE 210 EXTERNAL CA UNDERLYING CONTRIBUTING [21d INJURY OCCU WHILE AT 220 I certify the	RATION AUSE WAS OR CAUSE OF DEA JRRED OT WHILE WORK at I took chorge of	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	FINJURY MONTH DAY YEAR 19 DF INJURY (ATHOME. 216 TORY, FARM, ETC.)	N WAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET tapsy , Inspection	CITY OR TOWN	PART 1 OR PART 2)
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICE 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTION C	RATION AUSE WAS OR CAUSE OF DEA JRRED OT WHILE WORK at I took chorge of	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR 19 OF INJURY (ATHOME. 211. 108Y, FARM, ETC.)	N WAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET	D (ENTER NATURE OF INJURY IN ITEM 18	YES D
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICE 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING AT WORK AT	RATION AUSE WAS OR CAUSE OF DEA JRRED OT WHILE WORK at I took chorge of	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	FINJURY A. MONTH DAY YEAR DEFINJURY A. MONTH DAY YEAR TORY, FARM, ETC.) Thed obove, held on Au Accident Suicide	N WAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET Homicide Homicide TITLE SPECIFY	CITY OR TOWN Inquiry, of Undetermined manner,	YES COUNTY COUNTY DATE
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICE 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING INJURY OCCU WHILE NCAT WORK AT 22a I certify the death resulted for	RATION AUSE WAS OR CAUSE OF DEA JRRED OT WHILE WORK at I took chorge of	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT	FINJURY A. MONTH DAY YEAR DEFINJURY A. MONTH DAY YEAR TORY, FARM, ETC.) Thed obove, held on Au Accident Suicide	N WAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET tapsy , Inspection	CITY OR TOWN	YES COUNTY
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WEDICAL MEDICAL	PART 2 OTHER SIGNIFICE 190. DATE OF OPE 210. EXTERNAL CA UNDERLYING CONTRIBUTING 210. INJURY OCCU WHILE AT WORK AT 220. I certify the death resulted for ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT) JRIAL, CREMATION	RATION CAUSE WAS OR CAUSE OF DEA JURRED DI WHILE WORK at I took chorge of the country of	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT of the remains des	FINJURY MONTH DAY YEAR 19 DFINJURY (ATHOME, 2TH TORY, FARM, ETC.) Tibed obave, held on Au Accident Suicide	N WAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET THOSE SPECIFY ADDRESS 7	CITY OR TOWN Inquiry, or Undetermined manner, MEDICAL EXAMINER	COUNTY DATE SIGNED TOWSON, Md.
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICE 19a. DATE OF OPE 21a. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT WORK AT WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NAW (TYPE OR PRINT)	RATION CAUSE WAS OR CAUSE OF DEA JURRED DI WHILE WORK at I took chorge of AE Char J.REMOVAL 236.	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT of the remains des	TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR 19 OF INJURY (ATHOME. 21I. CIORY, FARM, ETC.) Accident Suicide O'Donnell M.D	NWAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET Homicide THE SPECIFY ADDRESS 7 Y OR CREMATORY	CITY OR TOWN Inquiry, or Undetermined manner, MEDICAL EXAMINER 501 York Road, 23d. LOCATION CITY OR TOWN Baltimore	COUNTY DATE SIGNED TOWSON, Md.
WEDICAL MEDICAL	PART 2 OTHER SIGNIFICE 19a DATE OF OPE 21a EXTERNAL CA UNDERLYING CONTRIBUTING 21d INJURY OCCU WHILE AT WORK AT 22a I certify the death resulted for ACTUAL SIGNATURE EXAMINER'S NAM (ITYPE OR PRINT) PECATOR P	RATION CAUSE WAS OR CAUSE OF DEA JURRED DT WHILE WORK at I took chorge of AE Char J.REMOVAL 236.	21b. TIME OF HOUR A.M ATH P.M 21e PLACE C STREET, FACT of the remains deservises Cles F. (DATE	TION FOR WHICH OPERATION FINJURY A. MONTH DAY YEAR 19 OF INJURY (ATHOME, 19) FINJURY (ATHOME, 19) FINJURY (ATHOME, 19) FINJURY (ATHOME, 19) OF INJURY (ATHOME, 19) FINJURY (ATHOME, 19) FINJ	NWAS PERFORMED? HOW INJURY OCCURRE LOCATION STREET Homicide Homicide THIN SPECIFY ADDRESS 7 Y OR CREMATORY k	CITY OR TOWN Inquiry , or Undetermined manner , MEDICAL EXAMINER 501 York Road,	COUNTY DATE SIGNED TOWSON, Md.

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FOR 1 - STATE REGISTRAR		DEPARTMEN C	STATE OF MARYLAND IT OF HEALTH AND MENTA ERTIFICATE OF DEATI		NE 8 4	7 9	9
I. DECEASED NAME FIRST (TYPE OR PRINT)	-	AIDDLE	LAST	2	O. DATE OF DEATH MONTH DA	Y YEAR	26 HOUR
	August I	REVIDER			July 14 1984		11:00pm
3. SEX	RACE	5.	DATE OF BIRTH		. AGE (Friedmother Committee)	ONTHS GAS	IF UNDER 24 HPS
Male	White		August 13, 18		91 YRS	JININS BATS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIE	D 🗆 9.	BALTIMORE CITY OR COUNTY O	OF DEATH	
Maryland	U.S.	A. w	DIVORCE	DOI	Baltimore County		MD.
ID. CITY OR TOWN OF DEATH ESSEX	I IF NOT IN SUC	HOSPITAL, NURSING HASPITAL, NURSING HASPITAL, SIVESTREET ADDR.		DN 17	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired	126 KIND C	F BUSINESS OR L Martin
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU		GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Baltimore	134 INSIDE CITY LIM		3e.STREET ADDRESS / ZIP CODE 3101 Glenmore A	ve	21214
14 FATHER'S NAME FIRST	WIDDIE .	Bender	15. MOTHER'S MAID FIRST	DEN NAME	Unknown	LAS	T.
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)	RMED FORCES?	166 SOCIAL SECURITY 216-09-01		nma R	Bender .	Same	As 13e

BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1
PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Bladder Cancer Canditians, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an July above, (1) (we) (did) (did not) view the b and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

22c. DATE SIGNED DEGREE 226. SIGNATURE ATTENDING MEDICAL STAFF 120 DIRECTOR PHYSICIAN 22e. ADDRESS

224. PHYSICIAN'S NAME (TYPE OR PRINT)

9000 Franklin Square Drive

9		3000 114411111	ii bquaic bii	vc, 2120
o. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
Burial	7/18/84	Oak Lawn	Baltimore.	Marulan.

24 FUNERAL DIRECTOR

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE STATE

STATE

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FUNERAL DIRECTOR:

should be detached

MPORTANT: If He

max	1
40	5
1	

STATE OF MARYLAND

44	1	9	9	d

1	1-	STATE REGISTRAR		DEF		ICATE OF DEATH	REG. 1	10.		
		CEASED NAME FIRST PROPERTY PRO	Z	ORO	thy 1	BERGNER DEBIRTH	20 DATE OF DEATH	MONTH DAY 30 19 IRTHDAY IF UNI	YEAR 184 DERIYEAR	26 HOUR 1 50 A M IF UNDER 24 HRS
		Female	Whit	е	MONTH 9		85	YRS	DATS	HOURS MIN.
5	70. BIS	RTHPLACE (STATE OR FOREIGN 76 OUNTRY) Md •	USA	WHAT COUP	**************************************	D NEVER MARRIED A	BALTIMORE CITY	COUNTYOFE	PEATH	MD.
7	7	OWSON X	Stel	A FACILITY, GIVE	Mans /	TOSPICE	Ret. Cyto	OF WORKING LIFE) IN	Ib. KIND OF	F BUSINESS OR
1	USUA 13a S	TATE Md .	HER INSTITUTION, Y	Balt:	TOWN LMOTE	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE entucky	Ave	421
0	14 FA	THER'S NAME Charles	DDIE.	Bergne	er	15. MOTHER'S MAIDEN NA Anna	WIDDLE	Birk	enst.c	bck
	160 W	(AS DECEASED EVER IN U.S. ARM) (15, NO OR UNKNOWN) (15 YES, GIVE V	ED FORCES? VAR OR DATES)		SECURITY NO. 28 3479	C. Richard L	ehnert Sp	ess arks , M	ld.	,
	N	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CC	(c)		SEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVEN IN	V PART Ito	3
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR V	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR		OFFICE, FARM ETC.)	ZII. LOCATION STREET	CITY OR I	OWN C	OUNTY	STATE
		270.1 certify that (I) (this hospito sow the deceased alive an above, (I) (we) (did) (did not) 27b. SIGNATURE I	7/8	13	19_84 . 01	183 , 19 and that in (my) (our) apinion	death accurred on the			
		274 PHYSICIAN'S NAME (TYPE OR	rult	nen	MO	ATTENDING PHYSICIAN [MEDICAL STA		7/30	184
		Kendall Fau	1 Kner	- mi	0	StEllA MI	ARIS - Du	JANEY V	AllEY	y ROAD
	23e. B	URIAL, CREMATION, REMOVAL BURIAL	23b. PATE 8/2/19	84	Loudon	Park Cemt.	23d LOCATION CITY OF TOWN Raltin	nore.	UNITY	Md

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal. or them 18 shows, any

IMPORTANT: If them 21 is marked

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

Mitchell-Wiedefeld Home 6500 York Rd.

AUG

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE
AUG 1 1984 Julia Davidson Andere

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1 154 AC Company	4 1 3	O altrey unto about	ni Persindioksili

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be fille with the State Dept of Health and Americal Hygiene prior to burial, cremation, or removal.

MPORTANT. If Hem 21 is marked at Item 18 shows ony injury, or other traumatic event, the medical

director, page 3

FOR

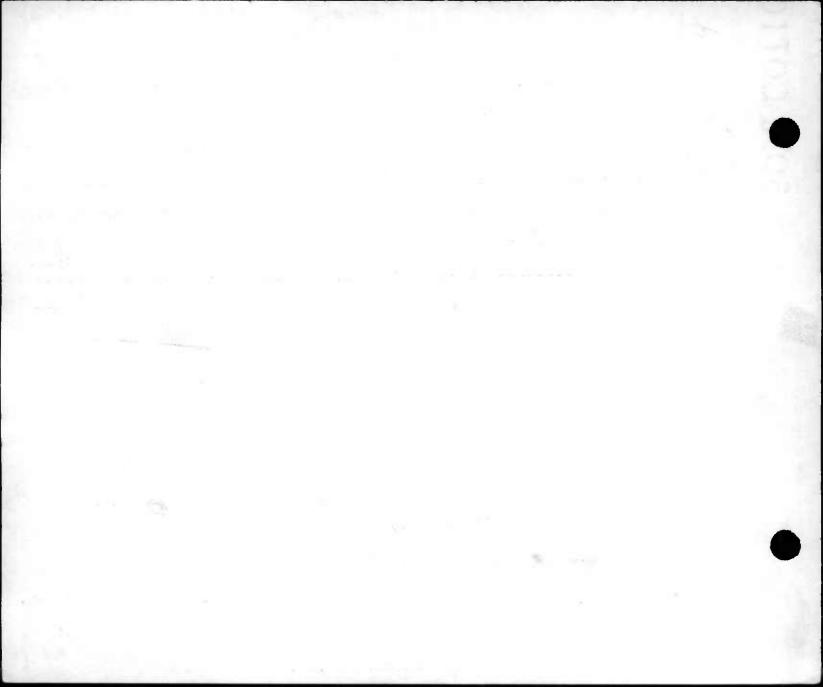
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	Э.			
	CEASED NAME FIRST	A	AIDDLE	l	AST	2a. DAT	E OF DEATH	HIMOM	DAY YEAR	2b HOL)R
	Margaret	W. Bes	snoska				July	6.1	984		M
3 SE	x	4 RACE		5. DATE C		6 AGE	(IN YEARS LAST BIRT	THDAY)	MONTHS DAYS	IF UNDER	R 24 HRS
6	emale	white	2	Mar		78		YRS.	MONTHS DATS	HOOKS	m m.
70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTI	IMORE CITY O		Y OF DEATH		
M	aryland	USA	1	WIDOWE			altimo	no C	ountu		MD.
10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USL	JAL OCCUPATION	ON	12h, KIND C	F BUS IN	ESS OR
	atonsville	Ingle	enook Nu	rsin	g Home		uer.	F WORKING L	clot	hin	<u>a</u>
	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	13c CITY OR TOWN	٧	- 113d INSIDE CITY LIMITS?		EET ADDRESS /	ZIP COD	E		
М	aryland Bal	timore	Haletho	rpe	YES NOXIX	460			Avenue	2.1	227
14 F A	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	MIDDLE		LA.		
N	icholas Woyn	ovitz			Anna Schm	idt	MIDDLE			51	
	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	SS		21	227
,	no		216-03-	3155	Ms. Geral	dine	Calla	han	1241	Sev	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per	line for to the and	heir L					APPROX BETWEEN	MATE INTE	
		TE CAUSE (0)	N. Ton	9-1	2				19	8	2
		DUF TO, OF	R AS A CONSEQUE	NCE OF							
	Conditions, if ony, which	(ib)									
	gove rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF							
	underlying cause lost.	(c)						_			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CONT	DITION GI	VEN IN PART 1	0	
MEDICAL CERTIFICATION											
CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	AUTOPSY?		S, WERE FINDI FYING CAUSES		
TIE						YES [NON		ES	NO [
G	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	V YEAR	21t HOW INJURY OCCU	JRRED (ENT	ER NATURE OF INJUR	RY IN ITEM IS	PART I OR PART 2)		
CAL	OR CONTRIBUTING CAUSE OF DE	ALIT		19							
EDIO	214. INJURY OCCURRED	21e PLACE	OF INJURY EEL FACTORY OFFICE FA		211 LOCATION		CITY OR TO	wn 1	COUNTY		STATE
Σ	APPE D HOMEN	(AT NOME STR	EET FACTORY OFFICE FA	NW EIC J	h/2-	70	^	to	81/		
	220.1 certify that It Ithis hosp	ital attended the	deceased from	10	100 19 0	C.	/-	-	190/	that (I) (we) fost
	saw the deceased alive or phase. It (we had take a	w the body	19	4.01	nd that in (my) (our) opinio	on death occ	urred on the do	ote and ha	u and from the	couses st	oted
	27E SIGNATURE	w the bedy	arrer deorn.	2 10 .	DEGREE				22c DATE	SIGNED	
	take	RILLE	411/	W.	ATTENDING	MEDIC	TOR PHYSIC	F IAN [1 2 7		
	THE PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS	DIRECT	OK FIITSIC	IMIY	1 4 1	uly	-84
1	Da Jan	nes McP	hillips	. MD	Johnnyca	bo &	Rt. 4	0 C.a.	tonsvi	880	. Md .
	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATOR	Y 23d L	OCATION				
В	urial	10 Ju	ley 84 L	oudo	n Park Cem	eteri	j Balt.	imor	City	Md.	STATE
24 FI	JNERAL DIRECTOR		ADDRESS		25a_D	AIE REC'D.	BY REGISTRAR	17	4 4		
A	mbrase Funero	al Homo		ulnh	ur Sp. Rd.	INT A	1984	Julia	Davidson-	handa	

DHMH - 16 50M 4/83 (VRA 15, 4)

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PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	/	7	7 4	1
BIGGS LAST	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	

1.	- STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST	IDA MAI	RGARET B	IGGS	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(178)	BIGGS IDA		m			7-1	6.8	4	1205 Am
SE		4. RACE		5. DATE		6. AGE INYLASTAST	BIRTHDAY	IF UNDER 1 YE	
E	emale	white		Jul		9	3 YRS	MONTHS DA	YS HOURS MIN.
a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
M	aryland	USA		WIDOW		Baltimor	e a	anty	MD.
T	OWSON	{R NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A DSEPHS HO	DORESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Accounta	OF WORKING	THE INDUST	of BUSINESS OR RY Store
	AL RESIDENCE (IF MURSING HOME OF STATE 136. COULD BACT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 204 E. Jopp	0 1		204
4. F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE			(AST
	Romeo E. B					da L.		0	
	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN] (IF YES, GI	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT		RESS	la Dan	21085
	NO		1212-09-6)476	Barry Lauder	31/ Chimn	ey ua		Oppa, Ma.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE		VESCULAR O	ock from			
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN PART	Ita
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A III	DE INJURY M. MONTH DA M.	Y YEAR	2)E HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM T	8 PART I OR PART	2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC	21E LOCATION STREET	CITY OR	1	COUNTY	STATE
	220.1 certify that (1) (this hosp saw the deceased alive of obove, (1) (we) (did (did no	9	110-	7.0	nd thoyin (my) (our) opinion i	death occurred on the	date and h	19	that (1) (we) last
	1276 SIGNATURE MOUL!	>x k	gura		ATTENDING PHYSICIAN		AFF ICIAN	7-	25-84
	FRANCIS Y		DW MD		7620 Vant	D.J. T.		Mal	21204
	FRAMILY	D R W	I A IVI I		I / h / II Y O W V	Pd Tow	non.	Md :	/ / /

Woodlawn,

0		CREMATION, REMOVAL	23b. DATE	11,5%	23E. NAME OF CEMETERY OR CREMATORY	23
	(SPECIFY)	Burial	July	27.1984	Woodlawn	1

Balto. Co., 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP

retained by the hospital ar attending physicion.

injury, or other traumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

rely filled in by the full should be filed with

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ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

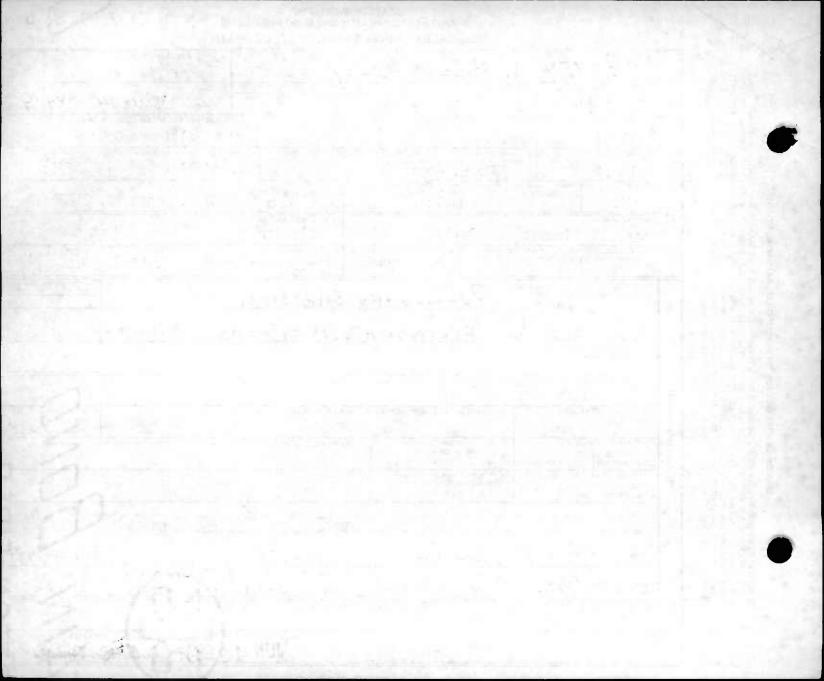
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DHMH - 17 (VR A15 ME (5) 20M 4/82

11-	FOR STATE			EPARTMENT O	OF HEALT				0.00	7	9	5
	REGISTRAR ECEASED NAME YPE OR PRINT)	E FIRST		MIDDLE	INEK. 2	LAST	E OF DEA	20. DATE KNO	WN K MONI	TH DAY	YEAR	2b. HOUR
1	PE OR PRINTS	JANE	E ?	lizabeth	J	BILES		OF EST DEATH MAT	TED 7	9	19 84	M
3. SE	emale	White	5. DATE OF BIRTH	YEAR LAST BIR	RTHDAY) MON		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONT	н дау 9	YEAR 19 84	2d. HOUR 12:57
USU 130. S	STATE [arylanc FATHER'S NAME	vania OF DEATH (IF IN NURSING HOME OR 13b. COUNT) d Baltij	(IF NOT IN SUCH FACE St. JOSE R OTHER INSTITUTION, GIVE TY	PITAL, NURSING HO CILITY, GIVE STREET ADDRES Ph 'S HOS	8. MARI WIDO' OME, OR OT ESS) Spital MISSION)	THER INSTITUTION	VORCED 17a USI FOR H (1757 13e, STR	UAL OCCUPATION MOST OF WORKING IT OUSEWIFE REET ADDRESS 21 Ricks	nore Cor ON (TYPE OF WOR IFE)	unty RK 12b K	DEATH IND OF BU OR INDUSTR	MD. JSINESS RY
1	Winthro	Sa ₁	rgarent	Fuller	ton	Lore	tta	MIDDLE		Mor	ntgom	nery
16a.		DEVER IN U.S. ARM	AED FORCES?	16b. SOCIAL SECU 201-22-	JRITY NO.	17. INFORMANT		Biles, 5	791 Su	nset		w Ln.
z	cause (a) lying cau PART 2 OTHER SIG		DUE TO, OR A	AS A CONSEQUENC		ASE OR CONDITION GIVEN	V IN PART 1 (a).					
CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ION FOR WHICH OF	PERATION	WAS PERFORMED?)			20	AUTOPSY?	? NO X
		AL CAUSE WAS OR NG CAUSE OF D		MONTH DAY Y	YEAR	HOW INJURY OCC	URRED LENTER	NATURE OF INJURY IN	LITEM 18 PART I OF	(PART 2)		
MEDICAL	21d. INJURY O WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME ORY, FARM, ETC.)	E. 21f Le	OCATION STREET		CITY OR TOWN	4 -	COUNTY		STATE
1	27a. I certific death resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIM	NAME Ann	e of the remains described to the courses [X], M. Dixon	Accident ,	an Auto Suicide	, Hamicide TITLE (SPECIF	eant_MED	Inquiry	DA' SIG	TE 7	-10-8 21201	- 1
23a.1		TION, REMOVAL 23	Jb. DATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LC	OCATION Y OR TOWN	C	OUNTY	ST	TATÉ
	Burial FUNERAL DIREC	TOR V	7/13/84	Md. V	etera	ns Cem.	Ga.	rrison I	Forest	Bal	to.]	Md.
M	artin D	Lawson	n, 10 W.	Padonia	Rd.,	21093	OF 1 1	1904 gr	delen	4	- October	1

Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Markett | Market 2015... leonal in the land of mand duties and amond and a district Dote: - - 124 John Tolling to the Control View Low

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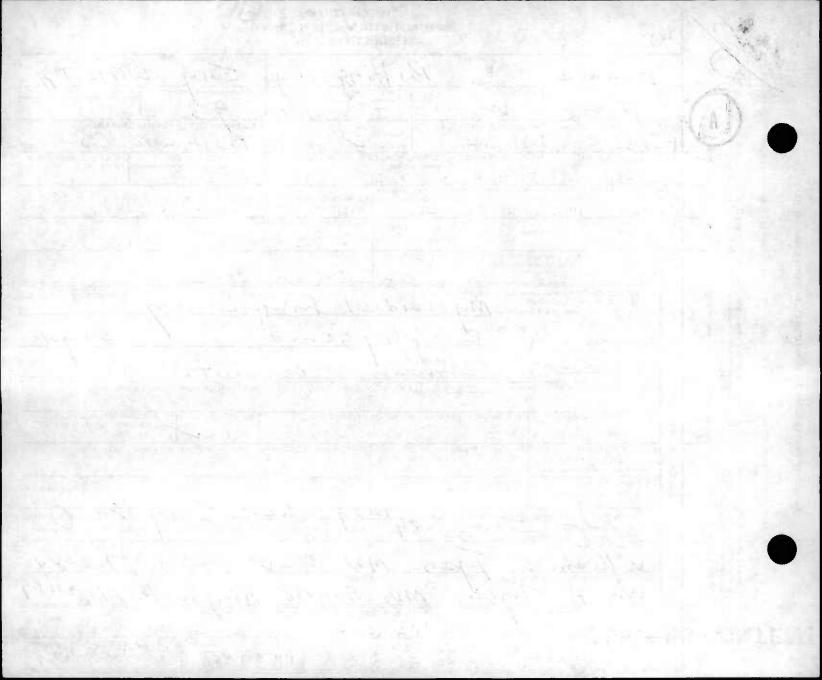
(VRA 15, 4) 1/79

NAME

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME AMIDD: F ZR. DATE OF DEATH MONTH FIRST YEAR 2h HOL TTYPE OR BRIMTI mma S. DATE OF BIRTH SEX 4 RACE AGE LIN YEARS LAST ARTHDAY IF UNDER 1 YEAR # UNDER 24 HRS MONTH YEAR OAYS HOURS 80 TR. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED huneke 10.04 WIDOWEDFT DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 2.105 13a. STATE 113h COUNTY 13c CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS FILE DIE YES [NO N 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE 2 6 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ISS SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** IYES, NO OR UNKNOWN I IF YES, GIVE WAR OR DATES) the 2 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 2Nd IMMEDIATE CAUSE (a) AS CONSEQUENCE OF DUE TO, OR Canditions, if any, which other gave rise to immediate couse lai, stating DUE TO, OR AS A CONSEQUENCE OF 0 underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED permit INCERTIFYING CAUSES OF DEATH? NO YES [NO I 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ŏ marked 714 INJURY OCCURRED 71a PLACE OF INJURY 711 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK MEL 270.1 certify that (1)/(this hospital) attended the deceased from and that (aur) apinian death occurred on the date and haur and from the causes stated jo abay, (1) (we) Idid) did not) view the body after death. 776 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL be detac PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OF PRINT) 77R ADDRESS ORT should be with the 0 0 73e. BURIAL, CREMATION, REMOVAL 236 LOCATION 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR No. REGISTRAR'S SIGNATURE 8800

OFFILMORUS HARFORD

STATE OF MARYLAND



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CERTIFICATION

MEDICAL

190 DATE OF OPERATION

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Hygiene

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IMPORTANT:

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ATTENDING

hospital

FOR

130. STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.			
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIODLE	D MAST		26. DATE OF DEATH MONT	O O O	2b. HOUR	-
AMBI	ROSE	BINDA		JULY 0	18, 1984	5:35	,/
3 SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST AIRTHDAY)		IF UNDER 24	-
M	W	12 24	OF	7.7	YRS. DAYS	HOURS	W IV
BIRTHPLACE STATE OF YORKIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED -	9 BALTIMORE CITY OR CO			
Pa.	U.S.H.	WIDOWED DIV	ORCED [DALTIMORE	E COUNT	TY	٨
TOW SON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH ACILITY, GIVE STREET)			12a USUAL OCCUPATION		OF BUSINESS	C
	OR OTHER INSTITUTION, GIVE RESIDENCE REFORE						_

13d INSIDE CITY LIMITE?

13e.STREET ADDRESS / ZIP CODE

200 AUTOPSY?

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

YES [TOWSON 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST FIRST MIDDLE **ADDRESS** WAS DECEASED EV 17. INFORMANT 166 SOCIAL SECURITY NO ES. NO OR UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

13c. CITY OR TOWN

IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)

						IN CERTIFYING CAUSES C	F DEATH?
				YES 🗌	NO	YES	NO 🗌
	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
214 INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION				

AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from

saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (ess) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED 226 SIGNATURE DEGREE

STREET

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS KARPERS

DHMH - 16 50M 4/83 (VRA 15, 4)

Ratia Little III VIII ADDIE 32095 INA Till farmer Torreson Harring Retired 11 c. Prides 190-05-9105 de Primi Strong illering lander Flithlie.

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FUNERAL DIRECTOR:

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74. FUNERAL DIRECTOR

C March

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND N CERTIFICATE OF D		REG. NO.		
DECEASED NAME FIRST TYPE OR PRINT) Ambros	e L.	Black		20. DATE OF DEATH MONTH July 2	DAY YEAR 29, 1984	26 HOUR 10:45 Am
Male Male	4. RACE Black	5. DATE OF BIRTH DAY August 10,	YEAR 1902	6 AGE (IN YEARS LAST BIRTHDAY) 81 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN)COUNTRY) Carolina	U.S.A.	MARRIED NEVER M	ARRIED ORCED	Baltimore City or Count		y MD.
CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET)		TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR

Frederick Villa Nsg Center Tobacco factory Truck Driver USUAL RESIDENCE (IF NURSING III NE OR OTHER }30. STATE HILL OUNTY 21229 WILL COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 321 Mount Holly Street Balto. City Maryland YES K NO [FATHER'S NAME TENTO 15. MOTHER'S MAIDEN NAME Lindsey LAST MIDDLE Killester Ferdinand (Lindsay) Black 160-WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 11/42-10/43 240-01-5846 Killester Jenkins 321 Mount Holly

100 22/2	20/14 210 02 3010		_
PART I. DEATH WAS CAUSED	y one cause per line for a la l	Hall well between onset and	DEATH
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF STORY		
gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	ALDISEASE OR CONDITION GIVEN IN PART 110	

THE CONDITION FOR WHICH OPERATION WAS PERFORMED 166 IF YES, WERE FINDINGS USED He DATE OF OPERATION 25e AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES [THE HOW INJURY OCCURRED. I DISTRIBUTIONS OF PRIVATE PRIVATE PART I OR FART 29 71s. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH

OR CONTRIBUTING [] CAUSE OF DEATH OF BITHER NOTIFY MEDICAL ERAMINERS F.M 19

TH LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY CITY ON FOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 579867

saw, the deceased alive and that in (my) law) opinion death occurred an the date and hour and from the course shared

77h SIGNATURE DEGREE DATE SIGNE ATTENDING

DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME ITTE OFFE 77e. ADDRESS

BURIAL CREMATION, REMOV 8/3/84 Mr. NAME OF CEMETERY OR CREMATORY Owings Mills, Garrison Forest

F/H Inc. 1101 E North Avenu

REGISTRAR 156 REGISTRAR'S SIGNATURE BE

NO ["

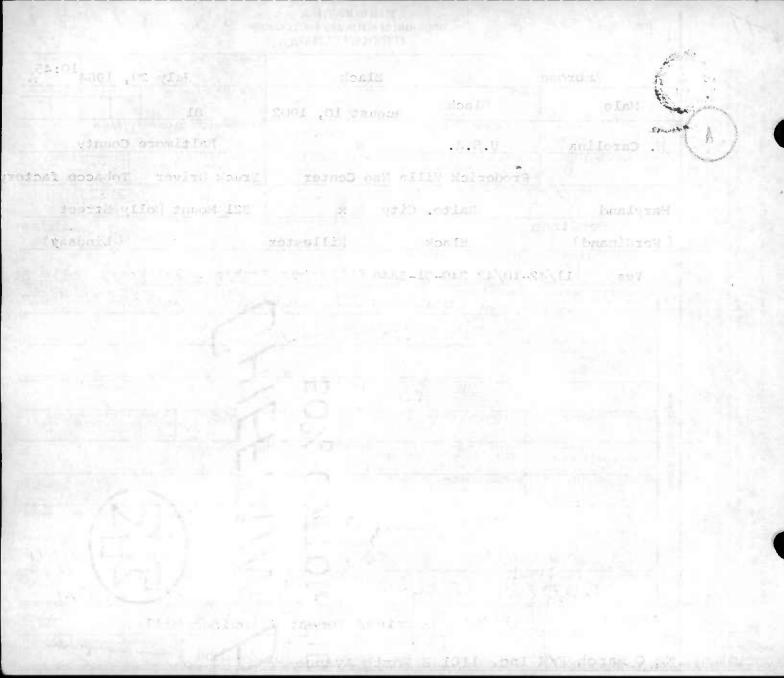
STATE

Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

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ST	ATE	OF I	MAR	YLA	ND

JIAIL OF MAKE	LAND
DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE OF	DEATH

REG. NO.		
26 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
JULY 10, 1984		1:35
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HR

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
I. DECEASED NAME FIRST LAWRENCE		BLANEY	l.	AST	JULY 10, 19		AY YEAR	26 HOUR 1:35 A
MALE	4 RACE WHITE		SEPTEMBER 18, 1923		6. AGE (IN YEARS LAST BIRTH		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN WEST VIRGINIA	76. CITIZEN OF W		8. MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMORE			WE
FORT HOWARD		DICAL CE		r other institution	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF TRON WORKER	WORKING LIFET		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 130. STATE MARYLAND		IVE RESIDENCE BEFORE 11. CITY OF IOWN BALTIMOR		134 INSIDE CITY LIMITS!	4315 WILKIN	ZIP CODE	NUE /	21229
LAWRENCE	WIDDLE	BLÄNEY		15 MOTHER'S MAIDEN NA Mamie Wil	WIDDIE		LAS	51
16a WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES)	GIVE WAR OR DATES!	66. SOCIAL SECUI		17 INFORMANT CLINICAL REC	ORDS, VAMC,		HOWARD	, MD
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI	LISED BY:			IALOPATHY			BETWEEN	IMATE INTERVAL ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEAT		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HEPATIC ENCEPHALOPATHY			
Conditions, if ony, which gove rise to immediate			
couse (o), storting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF HEPATOCELLULAR CARCINOMA, RIGHT LOBE			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN	IN PART I.a		

CONGESTIVE HEAR	T_FAILURE					
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS US		
			vrc [♥ NO[]	IN CERTIFYING CAUSE	-	
	<u> </u>		YES NO	YES []	NO X	
210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	1 IN ITEM 18 PART 1 OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR					
(IF EITHER NOTIFY MEDIC ALEXAMINER)	P.M 19					
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		vn county		
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE FARM ETC.)	STREET	CITY OR TOV	VN	STATE	
22a. I certify that (#4(this hospital)	attended the deceased from JUNE	20. 19 84	to JULY 10	19 84	that (X(we)	
saw the deseased always and	JULY 10 10 84	al that in Xul (aur) appains de	ath account as the da	to and how and from the		

obove (1) (we) (did) (did het) view the body ofter death.

22b. SIGNATURE

DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN

22e ADDRESS

NARA SIMHAN, 1	M.D.	A.V	MEDICAL	CENTER,	FORT	HOWARD,	MD	2105
3a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAM	E OF CEMETER	Y OR CREMATORY		TION	COUN	7.4	STATE
Burial	7/13/84 Mead	owride	ge Cem.			arulano		JIAN

24 FUNERAL DIRECTOR

FOR - STATE

XC4999776

Ambrose

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate hos been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to burial,

MPORTANT: If Item 21 is marked

MEDICAL CERTIFICATION

1417

THE STATE OF THE S

g and make

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March Control March 1888 F. 1

*,

FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OF PRINT)

3 S

CERTIFICATION

MEDICAL

230 BURIAL CREMATION REMOVAL

Burial

prior

ental Hygrene 00

should be detached with the State Dept.

If He

tor, page 3 ofter death

EIRST

ATABI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH

DOVER

LAI	HYGIENE	Ö
ML	HIGHERE	
IH.		

REG. NO 2a DATE OF DEATH 2b HOUR 1084 TITY 26 IF UNDER 24 HRS

BUSINESS OR

STATE

22c DATE SIGNED

ADAM		DOMOG		1 0 0 1 1 7 0 4				
EX	4 RACE	5. DATE OF BIRTH			UNDER TYEAR			
W-7 o	7.70-2-4-0		AR	A A	DNTHS DAYS			
Male	White	Nov. 22, 19	14.	69 YRS				
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIE	ED 🗆	BALTIMORE CITY OR COUNTY	OF DEATH			
Maryland	U.S.A.	WIDOWED DIVORCE	1	Baltimore Cou	nty.			
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	ON	120 USUAL OCCUPATION	126 KIND OF			
	(IF NOT IN SUCH FACILITY, GIVE STREET A			[TYPE OF WORK FOR MOST OF WORKING LIFE]	INDUSTRY			
21234	1754 Weston	Avenue 2123	XLL I	Burhing Fraince	4 64			

teel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21234 Weston Avenue 21234 Maryland Baltimore NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE EIRST

Kazimir Mazalewski Boksz Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES, NO OR UNKNOWNI Yes Weston Ave. Boksz.

18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

0 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTO		206. IF YES, WERE FINDING CAUSES YES	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRED) (ENTERN)	ATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d, INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE

220.1 certify tha (11) (this haspital) attended the the deceased a (aur) apinion death accurred on the date and hour and from the causes stated (1) we) (did) (did not) view the bady after death

DEGREE 22h SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GOLDSCHER

236. DATE

MIDDLE

Good

23¢ NAME OF CEMETERY OR CREMATORY 484.StanislausCemetery Baltimore . Maryland

24 FUNERAL DIRECTOR na Davidson Randale E. Johnson8521 Loch Raven Blvd.

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

STATE OF MARYLAND FOR - STATE REGISTRAR

FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOU	R		
(TYPE OR PRINT) Mrs. A	qnes Borchart				July 19 1984		6:00) A _M		
3. SEX	4. RACE	5. DATE C		6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR				
Female	Caucasian	Sept	cenber 19 1904	79	YRS.	MONTHS DAYS	HOURS	MIN.		
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR COUNT	Y OF DEATH				
Pennsylvania	U.S.A.	WIDOWE	D NORCED	Balti	more County			MD.		
10. CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 		R OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING	12b. KIND (SSOR		
Randallstown	Baltimore County		Hospital	Honens		INDUSTRI				
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COL			13d. INSIDE CITY LIMITS?	Lia STREET A	ADDRESS / ZIP COD	VE.				
1.00 000	timore Baltim		YES NO X		Merryview D		212	207		
14. FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME						
William Valentine	MIDDLE LAST		Stella Mae	Lemex	WIDDIE	LA	51			
16a. WAS DECEASED EVER IN U.S. A		URITY NO.	17 INFMPSANTYONE		ADDRESS		727	14		
No.		9037 D			Bella	Vista	Arkar			
PART I. DEATH WAS CAUS	anly ane cause per line lar (a), (b), a SED BY: ATE CAUSE (a)	nd IC: 1	croma of	o Oc	ing	BETWEEN	ONSET AND	DEATH		
	DUE TO, OR AS A CONSEQU	JENCE OF								
Canditions if any which	()									

PART I. DEA Canditians, if gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

YES [NO 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abay (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING.

PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

> 21133 5310 Old Court Rd. Rand.

MEDICAL

DIRECTOR PHYSICIAN

CITY OR TOWN

Jerome M. Ginsberg, M.D. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION 23b. DATE

Birial Druid Ridge Cemetery 24 FUNERAL DIRECTOR Ioring Byers Funeral Directors, Inc.

Pikesville Baltimore Party

125 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1004 Baltimore Maryland

(VRA 15, 4)

[SPECIFY]

CERTIFICATION

filed

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Poges 1

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or other

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the burial-transit permit. Tond Mental Hygiene prior

morked or 1

MPORTANT: If them 21 is

should be detached with the State Dept

8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 50M 4/83

FUNERAL DIRECTOR



-	15	FOR			DEPART	STAT	E OF MA			HYGIEN			8	0	ý
Spara	11-	STATE REGISTRAR		M	EDICAL	EXAMINE	ER'S CE	RTIFIC	CATE	OF DE		REG. NO	D.		
Navi VI		PE OR PRINT)	AE FIRST	LES	MIDDLE	C.	BC	ST DRMAN			20. DATE K OF DEATH	NOWN X	7-8-8	DAY YEAR	2b. HOUR
A OHE DE LA COLOR	3. SE	ALE	4 RACE WHITE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTHS	DAYS	HOURS	R 24 HRS.	2c. DATE PRONOUNC DEAD	CED	7-8-8	DAY YEAR	11:30
HAND AND AND AND AND AND AND AND AND AND	h l	IRTHPLACE (OREIGN COUNTRY) MARYLA		76. CITIZEN OF V		NTRY?		NEV	/ER MARI	-			County		MD
ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 ROUID BE FILED RECORDS, 201	В	ALTO. 1	HIGHLANDS	11. NAME OF HO (IF NOT IN SUCH 3852 M	SPITAL, NU FACILITY, GIVE CDOWE	JRSING HOME, STREET ADDRESS) LL Lane	OR OTHER			12a US FOR		ATION (TYPE	E OF WORK 17	OR INDUST	SINESS
RETAIN SHOULD SHOULD	13a : M.	RYLAND			13c. CIT	E BEFORE ADMISSION Y OR TOWN TO HGLI	DS. 13	YES 🗌	NO X	38.			LANE,	21227	
SES 1, AND 2 AND 2	2	HOWARD	•	MIDDLE	BORI			ELI	ZABE	TH	E MIC	DDLE		BEANE	R
ALLIM SIVE PACE TH FOR PAGES I	160.	WAS DECEASI YES, NO, OR UNKN YES		war or dates) 46-49		S-14-68		BENJ		JON	ES 38	ADDRESS 52 Mc		LANE,	
ON ST., BA 24 HOURS A TITEM 18. GI LONG WITH PERMIT, PA GIENE, DIVI		18 CAUSE (OF DEATH (Enter onl SEATH WAS CAUSED IMMEDIAT	BY: TE CAUSE (a) Ar	terio	sclerot		rdiov	ascu	ılar	diseas	е	in E	APPROXIMATI BETWEEN ONSE	INTERVAL I AND DEATH
PREST THIN CIL IN VER AI ANSIT AL HY REMO		gave i	ons, if ony, which	(b)		NSEQUENCE O									
		lying co		(c)		nsequence o									
ECORD BE EXI ENDING WEDICA AS A BI A ITH A CREMA	NOIL	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10: 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 26 ALITOPSY?													
SHOUND CHIEF CHIEF HALL SHOUND WIT OF HE	A LINCA		IAL CAUSE WAS	216 TIME C									20 AUTOPSY? YES □ NO 🔀		
S CERTIFICATE SI RITING THE WO RES SHOULD BE TE DEPARTMENT OI PRORTO BL	MEDICAL CERTIFICATION	UNDERLYIN CONTRIBUT	G OR	HOUR A.	M. MONTH M.	DAY YEAR			OCCURR	RED LENTER	NATURE OF INJU	IRY IN ITEM 18 I	PART I OR PART 2	2)	
WRI ARE AGE	WED	WHILE AT WORK	NOT WHILE C		CTORY, FARM,	Y (AT HOME, ETC.)	21f LOCA STRE				CITY OR TOW	N	COUNT	Υ	STATE
MINER: FICATE SE FOR CTOR: HTHES		22a. I cer death resul	tify that I taok charg	e af the remains d	escribed ab		Autapsy	Hamici			Inquiry termined man		d in my арілі	an	
MCAL EXAMETHE CERT SHOULD FEATH, WIT CEATH, WIT CORE, MARN, WIT CORE, WARN, WI		ACTUAL SIGNATURE	Meele	100/18	Joney	MM	M.D.	ASS	istar	nt_MED	DICAL EXAMI	NER	DATE SIGNED.	7-9-84	
TO MED EXECUTE PAGE 4 TO FUNI BAFTER DI	73a.f	EXAMINER'S (TYPE OR PR	NAME Der	nis F. S		M.D.		DRESS		73d LC	Stree	+			
BP		BUR LAL UNERAL DIRE		07-11-84		CEDAI	R HIL	L		BR	OOKLYN Y REGISTRAR	PK.	A.A.	MARYL	ÂND
DHMH · 17 (VR A15 ME (5)) 20M 4/82	н	JBBARD	FUNERAL H	OME, INC					JUL				avidoon	Mandell	i

NOUR FILES YOUR FILES IN 72 HOURS STON STREET,

STATE OF MARYLAND	-0	- 2	73
DEPARTMENT OF HEALTH AND MENTAL HYGIENS	Ö	.3	U
MEDICAL EVALUATERIC GERTIFICATE OF DEATH			

	1- 9	FOR STATE REGISTRAR			EPARTMENT O		AND MENT		EATH REG. NO.	Ö	.5	U	4
		CEASED NAME E OR PRINT)	CHARLE	s R	wssell	F	BOSLEY		20. DATE KNOWN SO OF ESTI-	MONTH 7	30 19	984	25 HOUR
	3 SEX	ale	4. RACE White	5. DATE OF BIRTH	1917 6. AGE (IN	VYEARS IF LIP	NDER 1 YR. IF UN	NDER 24 H		монтн 7	30 I	year 984	9:38 a M
6	FOF	RTHPLACE (ST REIGN COUNTRY) TY OR TOWN (76. CITIZEN OF WHA	. A.	WIDOV		ORCED	□ Baltimore C	Count	ty		MD.
Í	Re	eisters	town	Old Wes	LITY, GIVE STREET ADDRES tminster	Pike	HER INSTITUTION		USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) FOREMAN	# WORK		INDUSTR	
5	13a. ST		13b COUNT Balti	ROTHER INSTITUTION, GIVE TY .MOTE	RESIDENCE BEFORE ADM 13c. CITY OR TOW! Reisters	N		13e 3	STREET ADDRESS 15 Wembley Rd		á	2113	6
V	14. FA	Theodo		R.	Bosley		15. MOTHER'S A FIRST Florer	nce	MIDDLE			rfey	
1		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes W.W. II 16b. SOCIAL SECURITY NO. 17. INFORMANT 315 Wends by R O70-01-0684 Barbara Myers Reisterstown											
	Z.	gave ris cause (a) lying cau		(b)	AS A CONSEQUENCE AS A CONSEQUENCE JT NOT RELATED TO THE T	CE OF	SE OR CONDITION GIVEN	(IN PART 1 ::					
2	CERTIFICATION	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH O	PERATION V	VAS PERFORMED?				20 AUTOPSY?		
2	MEDICAL CERTIF	UNDERLYING CONTRIBUTION	NG CAUSE OF D	P.M.	INJURY MONTH DAY YI 19 FINJURY (ATHOME DRY, FARM, ETC.)	E AR 211 LC	OW INJURY OCC	URRED (E	NTER NATURE OF INJURY IN ITEM 18 PA			S .	NO X
4			fy that I took charg ed from Natur	e of the remains described all courses (X),	Accident ,	Suicide^	Homicide TITLE (SPECIF	tant	Inquiry ond ndetermined manner MEDICAL EXAMINER In St., Balto.	DATE SIGNE	7 <u>-</u>	-30 – 8	34
	(5	B B	urial	8/2/84	Druid	Ridge		P	LOCATION LY OR TOWN ILE BA	ltim		Md	ATE
	0	UNERAL DIREC	1-11	ADDRESS	arut rune	TAL U	naper	AHAC	D. BT REGISTRAR DILACOIS	1.	CINATU	2	

BP. **DHMH** - 17 (VR A15 ME (5))

Owings Mills, Md. 21117 una vavidson-pandell MUD J 1903

			10.00		25th
			-	.T	Javioret
Commissiotion	Yorens tr				Modernot-155
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	profession of	Surbage Votes	ton N - met may	12 .2.7	Tot
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DEPARTM	LENT OF HE	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	8 4	0.	8	3 0	0	4	
MIDDLE	2a. DATI	E OF DEATH		DAY	YEAR	2b. HOU	IR am			
BOULDIN				JULY 23, 19						
lack	5. DATE OF BIRTH MONTH DAY YEAR 2 21 01		6. AGE	(IN YEARS LAST DIRI	THDAY)	MONTH	IF UNDER I YEAR IF UNDER			
F WHAT COUNTRY?	8	NEVER MARRIED	1 1	MORE CITY O	R COUN	TY OF D			MD.	
HOSPITAL, NURSING UCH FACILITY, GIVE STREET A	G HOME O	spital	12a. USU	JAL OCCUPATE WORK FOR MOST O	ION	121)F BUSINE		
Baltimo	N	13d. INSIDE CITY LIMITS YES 🖔 NO 🗌	113	et ADDRESS			rt	212	02	
Bouldin		15. MOTHER'S MAIDEN Estell		MIDDLE			LAS	SE		
166. SOCIAL SECUE	RITY NO.	17. INFORMANT		ADDRE	SS					
218-10-9	93684	Mary Bou	ıldin	1130 /	Abbo	tt	Cour	rt		
er line for (o), (b), and RESPI		Y ARREST					BETWEEN	MATE INTER ONSET AND	PE ATH	
DIABET	NCE OF HY	PEROSMOLAR	COMA							
OR AS A CONSEQUE	NCE OF									
CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DIS	EASE OR CON	DITION	GIVEN IN	PART To	a '		
DITION FOR WHICH	OPERATION	WAS PERFORMED	20a A	NO X	IN CER			NGS USER OF DEAT		
OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OC	CURRED (ENTE	R NATURE OF INJUS	RY IN ITEM I	8 PART TO	JR PART 2)			
E OF INJURY STREET, FACTORY, OFFICE, FA		21f. LOCATION STREET		CITY OR TO)WN	C	OUNTY	5	STATE	
	7111	1		TITIV	23		0/1		_	

18 CAUSE OF DEATH (Enter only one cause of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO Conditions, if ony, which (b). gove rise to immediate couse (o), stoting the DUE TO, underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION 196. CON 210. ACCIDENT WAS UNDERLYING 21h TIME HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLAC LAT HOME NOT WHILE 220.1 certify that X (this hospital) gittended the deceosed from sow the deceosed alive on 19 sow the deceased alive on above. (we) (did) (c) and that in (v) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

220. ADDRESS

ATTENDING

9000

DHMH - 16 50M 4/83

BP.

0

(VRA 15, 4)

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male

Maryland

Maryland

Samuel

(YES, NO OR UNKNOWN) NO

14. FATHER'S NAME

Essex

13a. STATE

Ja. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

HIL COUNTY

3. SEX

James 4. RACE

B

U.

NAME O (IF NOT IN 5

76. CITIZEN O

Frank

MIDDLE

(IF YES, GIVE WAR OR DATES)

230. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

L. VILLALOBOS

22h SIGNATURE

BURIAL

ADDRESS Wm C March F/H Inc. 1101 E North Avenue

M. D

view the body ofter deoth.

23b. DATE 7/27/84

Ar Butus. Arbutus Mem. Pk. BYRECHEAR 256 REGISTRAR'S SIGNATURE

23d. LOCATION

STAFF

FRANKLIN SQUARE DR.

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

MdTATE

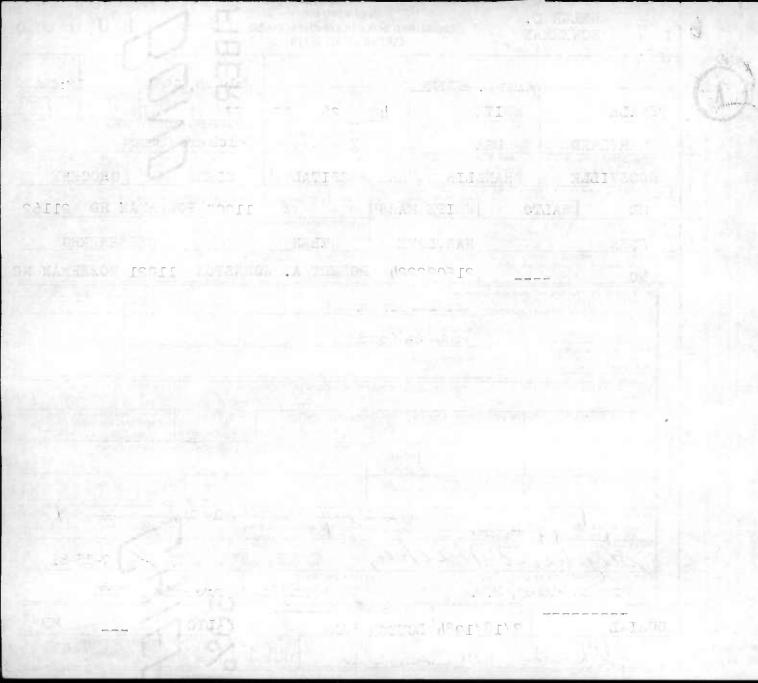
COUNTY

22c. DATE SIGNED

	9	1 -	FOR STATE REGISTRAR				CATE OF DEAT	rH	REG.		1 0	0 (
-			EASED NAME FIRST		MIDDLE	LA	51		2a DATE OF DEATH	MONTH	DAY YEAR	26 HOL	
A Y	1	. SEX		Helen C	. BOWERMA	TS. DATE OF	RIPTH	\dashv	July 15	1984	IF UNDER 1 YEAR	9.4	
n			EMALE	WHIT	WHITE				77		MONTHS DAYS	HOURS	
2 6	1	a Bif	THPLACE (STATE OF FOREIGN		76. CITIZEN OF WHAT COUNTRY?				9 BALTIMORE CITY OR COUNTY OF DEATH				
2	0	C	MARYLAND		USA WIDOWED A DIVORCED [CED 🗌	Baltimor	ty				
filed with notified	3/	/ 1	ROSSVILLE	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRANKLIN SQUARE		JARE	HOSPITAL		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CLERK		E) INDUSTRY	12b. KIND OF BUSING INDUSTRY GROCER	
must be	5	USUA 130. S		E OR OTHER INSTITUTION DUNTY LTO	13c. CITY OR TOW		136. INSIDE CITY LI	IMITS?	3. STREET ADDRESS	S / ZIP CODE OWERM	AN RD	21	
ond 2 sh	20	4. FA	THER'S NAME FIRST JOHN	MIDDLE	HARTLOV		15. MOTHER'S MA FIRST HELE		MIDDLE		ESENBE		
Poges 1	/		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	2150922		ROBERT	A. J	OHNSTON	1102:	1 BOWE	RMA	
mit. Then please rer prior to buriol, crem ony injury, or other	njury, or	CATION	Conditions, if ony, which gove rise to immediate cause to, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 20 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF								IGS USI		
pene Dws			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4		AY YEAR	21c. HOW INJURY	OCCURRE	YES NO TO	YE	s 🗌	NO	
lo of		MEDICA	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC)	211. LOCATION STREET		CITY OR	TOWN	COUNTY	LN	
s the burn h and Men rked or Ite		4	AT WORK AT WORK										
etoched for use as the ite Dept of Health and T: If Item 21 is marked	1		220.1 certify that it (this has sow the decedsed alive above, 1) (we) (did) (decedsed) 22b. SIGNATURE	PE OR PRINT)	ofter death.	84, one	egree ATTEN PHYS 22e ADDRESS	NDING NCIAN	DIRECTOR PHYS	AFF	7-15	SIGNE	
hould be detached for use os the burning that the State Dept of Health and Men	/		220.1 certify that in (this has sow the decedsed alive above, i) (we) (did) (decedsed alive above, ii) (we) (did) (decedsed alive above, iii) (we) (did) (did)	PE OR PRINT)	ofter death.	84, one	egree ATTEN PHYS 22e ADDRESS	Opinion d	MEDICAL ST	AFF	220. DATE:	SIGNED	

STATE OF MARYLAND

HELEN C.



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

attending physician

etained by the haspital ar

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, at ather traumatic event, the

page 3

STATE OF MARYLAND

E 8 DEPARTME

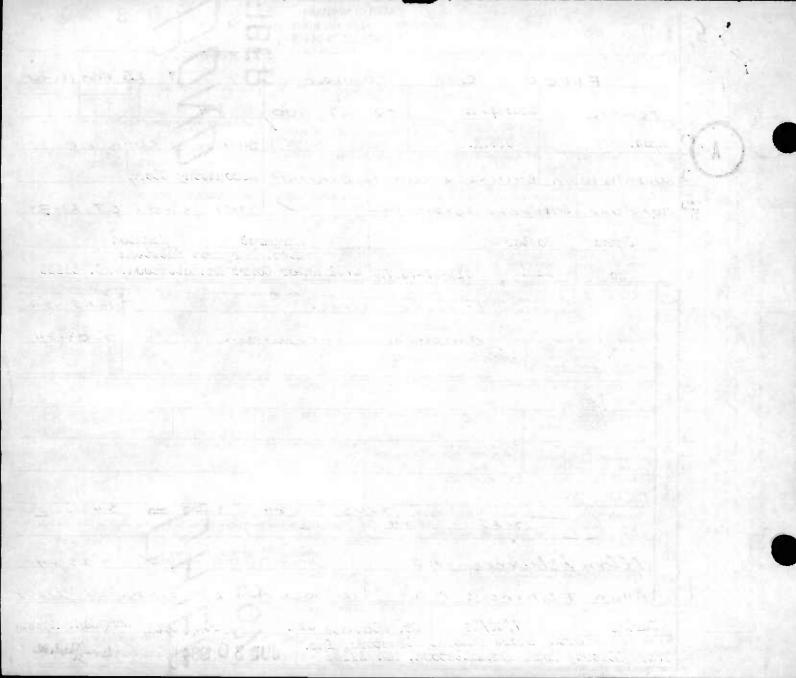
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NT	0F	HEAL	HT.	AND	MENTAL	HYGIEN
CEL	RTI	FICA	ATE	OF	DEATH	

- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D.		
I. DECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE C	OF DEATH	HTMOM	DAY YEAR	26 HOUR
FL	LEL	,	C	Bo	owler	113	194	7 2	5 1984	111 HOM
3. SEX	4.	RACE		5. DATE C	OF BIRTH	6 AGE (IN	YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Female	C	aucasi	an	MONTH OG	27 190C		84	YRS.	MONTHS DATS	THOUSE MILE.
To BIRTHPLACE (STATE OR FO			WHAT COUNTRY?	8		9 RALTIM	ORE CITY O		OF DEATH	
Mass.		U.S.	<i>A</i> .	WIDOWE	D LI TAETER MARKIED =		1		unty	/ MD
10. CITY OR TOWN OF DEAT	'н 11	I. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUA (TYPE OF WO	OCCUPATION FOR MOST O	ON F WORKING LI	12b. KIND C FE) INDUSTRY	OF BUSINESS OR
Runpalls tou			LONE CO		1 General	Acco	unting	Cler	k	
USUAL RESIDENCE (IF NURSIN	G HOME OR OT	THER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS	ZIP CODE		
Manylann	Ber4+1	more	Runpalls		YES NO	370	1 Ha	moi	CT	21133
14 FATHER'S NAME			LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LA!	
James		ler	LASI		Marc	garet	WIDDLE	Scan		31
160 WAS DECEASED EVER I			166 SOCIAL SECUR	RITY NO.	17. INFORMANT MISS	s. Mara	areton	ulliv	an	
(yes, no or unknown)	(IF YES, GIVE V	WAR OR DATES)	013-07-7	5674	3701 Hamor					21133
	l. C. A l.				0,000					OMATE INTERVAL
18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	BY:								5 - 3- H
34	MMEDIATE	CAUSE (a)	cordia.	G /	755454.	-		_	(-/-	3 - 5 7
			R AS A CONSEQUE							
Canditions, if any, gave rise to imm cause (a), stating	ediote)	R AS A CONSEQUE		INFORC	FICA			1-6	23-8-9
underlying couse	lost.	1000 10,0	R AS A CONSEGUE	NCE OF						
	IFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CON	DITION GIV	VEN IN PART 1	la
OI .										
19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT			NGS USED S OF DEATH?
21a. ACCIDENT WAS UND	RLYING	21b. TIME O		V VEAD	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
OR COLUMNIA C			M. MONTH DA	Y YEAR						
(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR		21e. PLACE		17	21f LOCATION				COUNTY	STATE
WHILE NOT WHI	LE D	(AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO			
22a.1 certify that (1)						- 4 , to				that (I) (we) last
sow the decease above, (1) (we) (d	d alive an (d) (did nat)	view the body	after death.	, 01	nd that in (my) (our) apini	ian death occur	red an the d	ate and hou	and from the	causes stated
226. SIGNATURE					DEGREE				22c. DATE	SIGNED
coller	000	INCO	n.D		ATTENDING PHYSICIAN	MEDICA DIRECTO	R PHYSIC		7-2	5-8-4
22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT)			22e. ADDRESS		190			
Allan :	T.C.L	INCL	15 M.D.		32 5 toch	M:11	RD.	p: he	50:114	2120
23a. BURIAL, CREMATION, I		236 DATE		IAME OF C	EMETERY OR CREMATOR		CATION			
Burial		7/28/	84 57	. Mi	chaels Cem.	St	rinaf	ield	Hampde	n, Mass.

DHMH - 16 50M 4/83

²⁴ FUNERAL DIRECTO Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD. 21133 (VRA 15, 4)



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FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND 8

REGISTRAR				CERTII	ICATE OF DEATH	P	EG. NO.				
DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DE		HINC	DAY YEAR	2b. HOU	JR
(TYPE OR PRINT)	James		Т.		Bowling	July	8.	198	34	11:	30%
. SEX	0	4. RACE		S. DATE		6. AGE (IN YEARS	LAST BIRTHO		IF UNDER I YEAR	IF UNDER	24 HRS
Male		Whit	e	Apr			83	YRS.	MONTHS DATS	HOURS	MIN.
e. BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	(2 8		9 BALTIMORE			Y OF DEATH		
Marvland		11 0	S.A.	WIDOW	D NEVER MARRIED	Baltim	ore	Col	1n+37		MD
CITY OR TOWN OF D	DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120. USUAL OCC	UPATION	4	12b. KIND C	F BUSIN	ESS OR
Parkton		17330		and R	oad	Lt. Cm	dr.	ORKING LI	FE) INDUSTRY]		tir
JSUAL RESIDENCE (IF N 130. STATE	13b. COUN	VTY	13c. CITY OR TO	WN	134. INSIDE CITY LIMITS?	134 STREET ADD		-1-1 ·	211	20	
Maryland FATHER'S NAME	Balt	.0.	Parkto	n	YES NO NO NA	17330	Bu	SUTS	and Ro	ad	
FIRST		MIDDLE	LAST		FIRST		DOLE		LAS	Ţ	
Arthur		C.	Bow1		Mary				Rich	ards	son
60. WAS DECEASED EV (YES NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS	330	Bush1	anr	Rd
No		-	217-01	-6623	Nellie E.	Bowling	,Pa	rkto	on, MD	211	
18 CAUSE OF DE	ATH (Enter or	ly one cause pe	r line for (a), (b), (and (c)					APPROX	MATE INTE	RVAL
18. CAUSE OF DE PART I. DEATH		D BY: TE CAUSE (a)	Pil								
Conditions, if o gave rise to couse to), sto underlying co	immediate ating the	DUE TO, C	R AS A CONSEO	UENCE OF		a ol					
	IGNIFICANT (ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF	CONDI	ION GIV	VEN IN PART 1		
190. DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY		N CERTIF	S, WERE FINDIN		TH?
21g. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	1111	M. MONTH	DAY YEAR	21c, HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY I	N ITEM 18, I	PART 1 OR PART 2}		
OR CONTRIBUTING L		21e. PLACE	OF INJURY		21f. LOCATION	CI	TY OR TOWN		COUNTY		STATE
AND STILLES	WHILE WORK	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC)	21MEE 1	Ci	. 54 10 40				
22a.1 certify that		top-ottended ti	se dece0sed from	- Jan	11 8 10 8	1 10	181	.)	10	that (I) (wellos
sow the dece	ased alive on	2.	mi 19	W/	nd that in (my) (or) apinion	deoth accurred or	the date	and hou			
226. SIGNATURE	400				DEGREE	20 m			22c. DATE	SIGNED	
1-0	CLE C	1. 1	^,		ATTENDING PHYSICIAN -	DIRECTOR	STAFF PHYSICIA	N	7/0	1/8	-4
224 PHYSICIAN'S	NAME (TYPE	R PRINT)	31		22e ADDRESS					1	
D.	0 1		4:7-	2 .	300	E5.	0	4	V and	1.	
B. BURIAL, CREMATIO	NI BENOVIA	123b. DATE	122	NAME OF	EMETERY OR CREMATORY	1234. LOCATIO	74	-	l prece		_
(SPECIFY)	IN, KEMOVAL					CITY OR TO	NWC		COUNTY		STATE
Burial		17-11-	1984 M	t. Ca	rmel Cem.	Parkt			to MI		120
FUNERAL DIBECTOR	1/ 52	1	ADDRESS		17349	E SEC.D BY SEC	STRAN	. RECAS	irar's signat	LA DO	97
11/1/2	Jarken	alan	New Fr	eedom	, PA VUL	1 2 1304	0		Indo - Mail		

DHMH - 16 50M 4/B2 (VRA 15, 4)

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retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at them 18 shows ony injury, or other troumotic event, the medical examples

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

OR ATTENDING PHYSICIAN: The low attending physicion

TO HOSPITAL

s attending physician and completely filled in by the funeral direct mave carbonpopers. Pages 1 and 2 shauld be filed within 72 haurs

IMPORTANT: If them 21 is morked or them 18 shows ony injury, ar other troumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the bunal-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
I. DECEASED NAME FIR	SI MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Be	eatrice M.	Bradley	July 13, 1984	
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White	Sept. 21, 189	6 87 YRS.	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT CO	HINTRY? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Missouri	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	73.311	ity MD
10. CITY OR TOWN OF DEATH		, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Towson	Valley Nur	sing Center	TYPE OF WORK FOR MOST OF WORKING L	IFE) INDUSTRY
	OME OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)		· ·
Maryland 13b		Timore 13d INSIDE CITY LIMIT	6752 Glenkirk	Road 21239
14 FATHER'S NAME		15_MOTHER'S MAIDER		
Home r	B. M	oore Bessie	WIDDIE	Glaze
160 WAS DECEASED EVER IN U		IAL SECURITY NO. 17 INFORMANT	ADDRESS	
VES NO OR UNKNOWN)	YES, GIVE WAR OR DATES) 370-	14-4300 Miriam S.	Keyser 6752 Glenki	rk Rd. 21239
III CALISE OF DEATH (F.	nter only one couse per/line for ro	(V (b) and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS C	AUSED BY:	overnaculal as	acidon to.	BETWEEN ONSET AND DEATH
IMA	AEDIATE CAUSE (0)	o for account of		
1	DUE TO, OR AS A CO	ONSEQUENCE OF	2- 10-	
Conditions, if ony, wh		worden (nsufficiency	
gove rise to immedia couse (a), stating t		ONSEQUENCE OF	10	
underlying couse lo	ost.	7136 30 611 66 31	•	
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	VEN IN PART To
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY.	196 CONDITION FO	R WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
₹				IFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLY		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM IB	
	OFDEATH	NTH DAY YEAR		
OR CONTRIBUTING CAUSE (IF EITHER MOTIFY MEDICAL FX 21d INJURY OCCURRED	(AMINER) P.M. 21e PLACE OF INJUR	Y 211 LOCATION		
	LAT HOME STREET, FACTOR		CHYORTOWN	COUNTY STATE
AT WORK AT WORK		2	84 7-13	84
sow the deceased of	hospital) attended the decease	V-LI	inion death accurred on the date and ha	, 19 , that (1) (we) los
obove, (I) (we) (alah (did not) view the body ofter deo	th.	and death accorded on the date and ha	
22b. SIGNATURE	OF	DEGREE ATTENDIN	NG . MEDICAL STAFF	224. DATE SIGNED
/ Morian	1 Monteur	Cu Cu PHYSICIA		1-13-84
22d. PHYSICIAN'S NAME		22e ADDRESS		***
Marion C.	Kowalewski, M.	D. 8604 Har	ford Road Baltimor	e, Md. 21234
230. BURIAL, CREMATION, REM	OVAL 23b. DATE	23¢ NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	COUNTY STATE
Cremation	July14,1984	Westview Memoria		
				The Charles

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

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completely filled in by the

STATE OF MARYLAND

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	1	STATE REGISTRAR			DEPART		ICATE OF DEATH		S, NO.				
1		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOUR	
-	1		GENE			B	RIGHT		7	24	84	74	AM
1	7, SEX			RACE	TE LE	S. DATE	OF BIRTH	6. AGE IN YEARS LAS	T SRTHDAY)	IF UN(DER I YEAR	IF UNDER 2	
1		Male	000	whi	4)	MONT	DAY YEAR	1 4	4 YR		DATS	HOURS	MIN.
4	7s. BI	RTHPLACE STATE OFF	ORIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CIT			EATH		
)	- 4	1ARCH ALL		11 <	A	WIDOWI		Britis	more	co	unty		MD
1		TY OF TOWN OF DEA	TH.	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUP	PATION	12	b. KIND O	F BUSINES	
1	R	140 213	21		HEACILITY, GIVE STREET	- 1	sona Home.	Labore		NG LIFE) IN	IDUSTRY		
1	USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					-119	200	1
2			- X	The state of the s		N	13d. THIS IDE CITY LIMITS?	13e. STREET ADDRE	pary	J77,	110	7	
4	14 FA	ARYLAMI THER'S NAME	-126.1	101	TOWSON		YES NO D	ME .	=mgc	NO.			
A		FIRST	N	NIDDLE	LAST		FIRST	WIDDI	.€		LAS	Т	
1		N KNOWN	INITIC ADA	AED EOBCESS	16b. SOCIAL SECU	OIA VIII	LENT DOWN	\ AF	DRESS				
ï		YES. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	188. SOCIAL SECO	KIIT NO.	1/ L . i)	1) . 41	DICESS	07.	3-5		01
Н		YB5	TL 1	942-44	251-20-9	936	Malley View	MARIO & NOI	AE.	5/0	20 E	nge	Ica.
		18 CAUSE OF DEATH PART I DEATH W	H (Enter onl)	y one couse per	Sine for int, this on	distil -				-	BETWEEN	ONSET AND	SEAm.
Н		100000000000000000000000000000000000000	IMMEDIATI		5	enl	1. Cenua						
1		1877		DUE TO, O	R AS A CONSEQUE	ENDE OF							
ч		Canditions, if any, which pove rise to immediate											
		gave rise to imn		DUE TO O	R AS A CONSEQUE	ENCE OF)						
Н		underlying cause fast. (c)											
n		PART 2. OTHER SIGN	HEICANT C	QNDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION	GNEN IN	PART 1:	n-	_
J	CERTIFICATION	and the same	(nga	nic E	na	in sd	_					
7	CAT	1% DATE OF OPERAT	TION	14 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	10s. AUTOPSY?				OF DEATH	
7	Ħ							YES O NO	1	YES [CAUSES	NO Z	
7	8	The ACCIDENT WAS UND	Transfer Transfer	21b. TIME C			TIE HOW INJURY OCCUR	RED (ENTER NATURE OF	PART IN THE	10.748110	14 PART 21		
X.		DECONTEBUTING C		MALE PROPERTY OF THE PARTY OF T	M. MONTH DI	AY YEAR							
ŀ	MEDICAL	214 INJURY OCCURS	***************************************	21e. PLACE	OF INJURY		211. LOCATION	and a	S# 1DWN	1.	DUNTY		418
	×	WHILE D NOT WHAT AT WORK	55 O	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	1 / 22	CHYC	/	1			Sile of
h		22n I certify that (1)		all attended th	w decebsed from	- 3	11/8310		120	110	84	that (II (w	trokin
7		saw the decease	ed alive on.	7/	9/ 19	84.	nd that in (my) (dans opinion	death occurred oght	e dote ord	hour and			
	15	obove, (I) (webs)	ridid not	view the glody	aftyr death	1	DEGREE			- 1	IIL DATE	SIGNED	7
			TOW	notto	ng		ATTENDING ,	A MEDICAL	STAFF		7/	25	184
	-	THE PHYSICIAN'S NA	1		7	1	PHYSICIAN [122e ADDRESS	DIRECTOR PH	O A	2 4	11	1	0/
1		1/11	8-	NE	UYE	11	6331 R	Sair K	de	Sa Pi	to m	10	120
1		Vuo	10	100	110		10001 130	Tues /	SC P	1	v //	7 -1	-0/
No.		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	N	cou	INTE A	51	TATE
		BURJAL		1/127	184 0	ROWNS	VILLE VA.	CROWALS		1	M		
	24 EL	UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGISTI	. 10.	GIST BAR'S	SIGNAT	Pandell Pandell	2
	4/	m. C. Bro	un C	comme F	1H 1206-1	206 W.	NORTH AVE.	1261984	1 700	- F-40-(1		1-10-00	
				· ·									

TO HOSPITAL OR ATTENDING PHYSICIAN,

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as with the State Dept, of Health TO FUNERAL DIRECTOR. ed by the box

IMPORTANT, IF IN

THE REPORT OF HE WAS ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSEDADAS ASSESSEDADAS ASSESSEDADAS ASSESSEDADAS ASSESSEDADAS ASSESSEDADAS ASSESSEDA

O HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death centificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with in 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 -	STATE REGISTRAR		CE	RTIFICATE O	F DEATH	REG. N	0.		
1. DEG	CEASED NAME FIRST ELEAT	NOY	B	rons 01	7	Thursday	MONTH DA		6 PM
3. SEX	F	4 RACE	5. C	ATE OF BIRTH	3 1917	6. AGE (IN YEARS LIST BI	YRS.	UNDER 1 YEAR	HOURS MIN.
	RTHPLACE PTATE OR FOREIGN	76. CITIZEN OF WE	a M	ARRIED NEVI	ER MARRIED DIVORCED	Baltimore city	COUNTY	1	MD.
10	WSON MD	10WSO	V	1/25cer	nstitution theme	Secretary		HOS LOS BOLT	Skelly
13a. S	AL RESIDENCE I IF NURSING HO STATE II COI RYLAND	DE OFFIS INSTITUTION GIVEN 13	E RESIDENCE BEFORE ADMI	13d INSID	NO [132 STREET ADDRESS	w Ct.	Joppa,	Md.
14. FA	Arthur Arthur	WIDDLE	retžschma		er's maiden name bertha	WIDDLE		Ringel	ing
	VAS DECEASED EVER IN U.S. A YES, NO OR UNIXOWN) (IF YES, (ARMED FORCES? 16	98-01-4			ADDR retzschmar		rshaw	Ct. 2108
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN OLD 19a. DATE OF OPERATION	DUE TO, OR A		H BUT NOT RELA	VIcero	/	20b. IF YES,	WERE FINDIN	NGS USED
MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER NOTIFY MEDICAL EXAMIN 214. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 214. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 215. SEENATURE 276. PSS SCIANTS NAME THE	DEATH HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET	MONTH DAY INJURY , FACTORY, OFFICE, FARM, I eccound from the death	YEAR 19 21f. LOCA 51 21f. LOCA 51 DEGREE	MATION J. 19 80 my) (our) opinion of ATTENDING PHYSICIAN C. RESS. 1	CITY OF TO	OWN Tote and hour	COUNTY	STATE that (I) (mollost couses stated
	BURIAL, CREMATION, REMOV,		23c NAM		OR CREMATORY		onkin,	Penna	STATE
24 FI	UNERAL DIRECTOR NAME 13551	ha Fure	takodam.	5236	25a. DAT	E REC'D. BY REGISTRAN	256. REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 m y be efained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after leath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	10.			
OF DEATH	HINOM	DAY	YEAR	2b. HOU

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG, N	Ю.		
1. DECEASED NAME	FIRST		WIDDLE		MAST	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Dorothy		Els	sie	Bro	okes	July 30,	1984		9:25 m
3. SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS MIN.
Female		White		Tul		85	YRS		1.00.0
OUNTRY)	TE OR FOREIGN	76. CITIZEN OF	WHAT COU	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Ingland		U.S.A.		WIDOWE		Baltimo	re Co	untv	MD
D. CÎTY OR TOWN O	F DEATH			URSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	128. KIND (OF BUSINESS OR
Dundalk					ursing Hame	Housekeep			dential
USUAL RESIDENCE (1	F NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COE)F	
Maryland		imore	Dunda		YES NO	4 Arrowsh		1222	
4. FATHER'S NAME	1200.10				15. MOTHER'S MAIDEN NA	ME	1	1,64,6	- 74
Charles		MIDDLE	rookes	SI	Phoebe	Am		Sharrat	- +
160 WAS DECEASED	EVER IN U.S. A			SECURITY NO.	17 INFORMANT	ADDR		DIMELAC	
YES, NO OR UNKNOW	(IF YES, G	IVE WAR OR DATES)	213-3	4-8900	Charles B. B.	rookes 86 N	orths	hip Rd.	21222
	DEATH (Enter o	nly one couse per			CHATTES D. D.	TOOKES OF IN	OI GIO		XIMATE INTERVAL LONSET AND DEATH
PART I. DE A	TH WAS CAUS	ED BY:	ACLL	6 Can	lio Regira.	Los Fall	0	BETWEEN	DA L
	IMMEDIA	TE CAUSE (0)	7.00			71.01 1911	41-0		7-7
Total Control		DUE TO, O	R AS A CON	SEQUENCE OF	HEROTIE C	V. A.O. a.t A.O.A.		4.4	EARS-
Conditions, if gove rise to		(b)_	ALLT	EMOSC	ACKOTIC C	MODIES AZO	in		- Mas
couse (a),	stoting the	ting the DUE TO, OR AS A CONSEQUENCE OF							
underlying	couse lost.	((c)_							
	SIGNIFICANT	CONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	ATNAL DISEASE OR CON	DITIONG	IVEN IN PART 1	0.
19a DATE OF OI		TION COND	ITION FOR V	VHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	T20b, IF YE	S. WERE FINDS	NGS LISED
5 11 1	0.1/4	16					IN CERT	IFYING CAUSES	S OF DEATH?
6	1118	3 30 7005		ANGI	LENC	YES NO		ES 🗌	NO 🗌
00.000.000.000.000.000.00	G CAUSE OF DE	216. TIME C	M. MONTI	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART 1 OR PART 2)	
I IF EITHER NOTIF	Y MEDICAL EXAMINE		М.	19		S. A. L. 369	1000		
(IF EITHER NOTIF	CURRED	21e PLACE		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ANTALLE IN	AT WORK	TAN HOME SI	act, the ont, e), , , , , , , , , , , , , , , , , , ,		. 0			
22a.1 certify th	ot (1) (this hosp	oital) of ended th	e deceased	from	May 3/ 19 8	4,10	J 30	19	that (1) (we) fast
saw the de	eceosed olive o	Jul	130	19 84.0	nd that in (my) (our) opinion	death occurred on the a	lote and ho	our and from the	couses stated
Z7h SIGNATUR		of view the body	cetter death.	0	DEGREE	-		22c DATE	SIGNED /
	155	·TLe	-00	who	ATTENDING	MEDICAL STA	FF CIAN D	7	120100
224 PHYSICIAN	S NAME CORE	OK PRINT!		10	22e ADDRESS	DIRECTOR PHISH	LIAN		12010
									200
		cion Ur.	M.D.			k Ave. Dunc	lalk,	MD 212	222
23a. BURIAL, CREMAT (SPECIFY)	ION, REMOVA		10	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Burial		08/02/	1984_	Parkwo	od Cemetery	Baltimor			
24 FUNERAL DIRECTO	OR		ADI	DRESS	250 194	REC'D. BY REGISTRAF	255 REGIS	TRAR'S SIGNA	TURE
Walter Bro	oks Bra	dley, Ir	nc. Du	ndalk, M	D 21222	1 1984	frecha L	Javason-1	andelle

DHMH - 16 50M 4/83

IMPORTANT: If Hem 21 is marked or Hem 18 shire are injury, ar other traumatic event, the medica

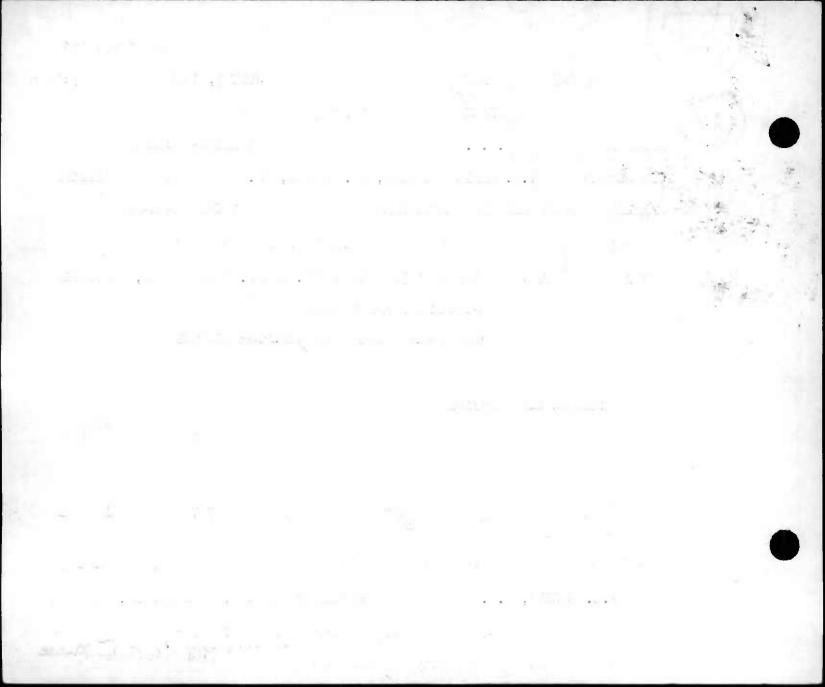
(VRA 15, 4)

BP

FWHST COMPANY TELEPONE CONTRACTOR

12/	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO. XC	21 697 401
Da		CEASED NAME FIRST	WIDDLE	ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 50	1	HARRY	LIERE	BROOKS	JULY 7, 1984	5:25 am
	3 SE	X	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- (A.)	4	MALE	BLACK	MAY 24, 1896	88 YRS	MONTHS DATS MOURS MIN.
a Garaj		RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
		IARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE COUN	TY MD
a 4	9		(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING I	
urs of		ORT HOWARD AL RESIDENCE OF NURSING HOME OF C	V.A. MEDICAL CE		MD. WAITER	RAILROAD
in 24 hou ly filled in should be	13a.	STATE 136 COUNT		VILLE YES NO	651 COLEMAN LA	
mpletely and 2 sh	114. F	ATHER'S NAME FIRST M	IDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST
pa did		illiam	Brooks	Mary Cather	rine Barnes	
ond co		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (15 YES, GIVE	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
Poor S		YES WW	T 705 09 19	935 VAMC MED. R	ECDS. FORT HOWARD	MARYLAND
hysicic soperion ovol.		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
printing physical property on physical	1		CAUSE (a) MYOCARDI	AL INFARCTION		
th ce rath carb			DUE TO, OR AS A CONSEQUE	ENCE OF	ATT 17 77 ATT 1 ATT	
deo otton roun	1	Conditions, if ony, which gove rise to immediate	(b) ARTERIOSC.	LEROTIC CARDIOVAS	CULAR DISEASE	
by the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
0 200	1.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART TO
京 是是是是	ě		ENAL FAILURE			
to the last	THICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{align*}
10 4 10 4 H	3 1	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		URRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
NA THE L	-	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	19		
d d d d d	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
96 2564	1	AT WORK AT WORK				01
N W W D E	1		al) attended the deceased from	6/29 19 8 84 and that in (my) (our) opinion		. 19 84 that > (we) lost
THE COUNTY	1	sow the deceased alive on_ obove, (A (we) (did) (did not			on death occurred on the date and ho	
Se Chicke	1	22b. SIGNATURE	PA	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED
A Table	Д	annot a	um Chaple	MBBS ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	7-7-84
FUNE John S	/	224 PHYSICIAN'S NAME TYPE OR	PRINT	27e ADDRESS		
O HOS	_	A.K. CHOPR			CENTER, FORT HOWA	RD, MARYLAND
+=		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. f	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OF TOWN	COUNTY STATE
BP		Burial	7-10-84 Ar	butus Memorial Pa	rk Baltimore	Md
DHMH - 16 50M 4/83		UNERAL DIRECTOR	ADDRESS	- 7	ULTI 1884 Julia	Devidson Rindste.
(VRA 15, 4)	Ha	ardesty FH, 12 Ri	dgely Ave Annap	olis,Md.21401 V	OF 1 1 1904 1400	

STATE OF MARYLAND



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V	FOR STATE	DEPART
A	DE CALADA D	

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYCIKNES

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	STATE REGISTRAR	DEFA	CERTIFICA	TE OF DEATH	REG. NO	D.		
	ASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR	Louis	se Arbia BROOKS	3		July 14.	1984		44 00
3 SEX		I RACE	5. DATE OF BI	RTH	6 AGE (IN YEARS LAST BIR		DER 1 YEAR	IT UNAU R ZAN
	Francis	Black	MONTH 3	10 24	60	YRS	DAYS	HOURS MI
7e BIRTI	HPLACE (STATE OR FOREIGN /	CITIZEN OF WHAT COUNTE	RY? 8.		9 BALTIMORE CITY O		EATH	
cou	Bolts	1150	WIDOWED	NEVER MARRIED	Baltimore			
IO CITY	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR			12a USUAL OCCUPATI		b. KIND OI	F BUSINESS (
1	Rolf	HE NOT IN SUCH FACILITY GIVE STE	REET ADDRESS)	,	TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	IDUSTRY	
TISTIAL	RESIDENCE (IF NURSING HOME OR C	HRANKIN S	90 14054	b ,	Nuese			
13e. STA			OWN 134.	INSIDE CITY LIMITS?	130. STREET ADDRESS	ZIP CODE CIPCLE	215	220
14 FATH	ER'S NAME		15 .	MOTHER'S MAIDEN NA	AME			
1	taski	IDDLE	2.50	Louise	MIDDLE		LAST	10.75
16a WA	S DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SE	CURITY NO. 17	INFORMANT	ADDRE	SS		1
(YES.		WAR OR DATES)	8-5354 C	1	11. 200	- 111		120
-	טעו	176 18	, -333 /IC	ARENCE D	rooks 253	COIAS	Middle	MAN
9	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	OCATCINON	1a				
	ART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT NO	RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PARI Ito	
CERTIFICATION	g DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION W	AS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDIN	GS USED
문					YES TO NO XT	IN CERTIFYING		OF DEATH?
ER	a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121	HOW IN HIRY OCCUR	YES NON	YES	20.0401.21	ио 🗆
	OR CONTRIBUTING CAUSE OF DEAT	110110 1 11 11011711	DAY YEAR		LENTER MATURE OF 11470	THE TEM TO PART TO	38 5 200 1 51	
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
¥ .	Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
27	20.1 certify that (1) (this haspite	al) attended the deceased fro	m July 12	19_84	to July 14	. 19	84	hot (l) (we) l
	saw the deceased alive on	_July 14		of in (my) (our) opinion	death occurred on the de	ote and hour and	from the c	ouses stated
2:	obove, (I) (we) (did) (did not 2b. SIGNATURE	(/	DEG	REE			22c. DATE S	SIGNED
	1. Pages P	Feld house	M	ATTENDING	MEDICAL STAI		7/14	1/84
25	2d. PHYSICIAN'S NAME LTYPE OR			ADDRESS	DIRECTOR PHYSIC	IAN	1/1/	/0/
"					klin Square	Drivo	2122	7
		Feldhouse, M.I	υ.	JOOU Fran		Dilve,	4143	
23a. BUR	RIAL, CREMATION, REMOVAL	236 DATE , 2	3c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION			

BP.

TO HOSPITAL

ATTENDING PHYSICIAN. The law

etained by the hospital or attending physicion.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in a should be detoched for use as the burial-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

Surial
HUNERAL DIRECTOR
William C. Brown

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Frank I Walk gament and address - bolk. 4105-Butte I Harding Sp. 1839 Marce a TO AT US COME The removed of the control of the second of SUGAR 1978 1972 204 200 White C December 1 to the State of the State TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or ottending physician.

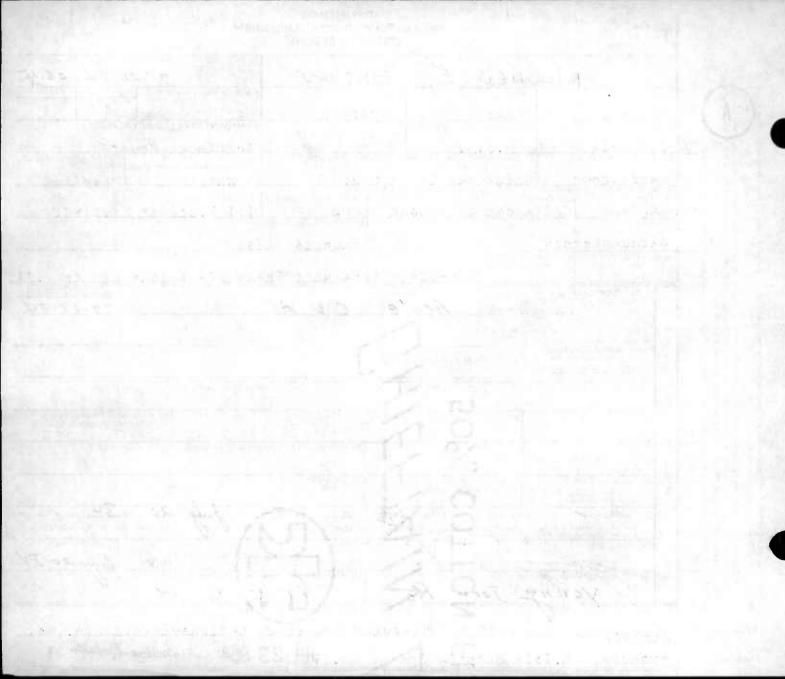
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

and completely filled in by the fages I and 2 should be filed with

1.	FOR STATE	DE	STATE OF PARTMENT OF HEAL		GIENE C 4	. 0	0	-
	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. N	0.		
I, DEC	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 21	. HOUR
	OR PRINT)	DATA F	a p	nwar		7 20	84	06.15
	MIL	DRED E		0 .0		/		A
3. SEX	X	4. RACE	5. DATE OF BI	IRTH YEAR	6. AGE (IN YEARS LAST BI	MONTH		OURS MIN
F	Female	White	4/27	197	87	YRS.		
7a. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY	R COUNTY OF D	EATH	
-	COUNTRY)	11 0 1		NEVER MARRIED				
10 65	LLINOIS ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWED		Raltimon	e Count	KIND OF B	N A
Juscii	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV		THER INSTITUTION	TYPE OF WORK FOR MOST		DUSTRY	DUSINESS C
Rav	ndlestown	Baltimore	CountuGen		Nurse	Н	asni	tal
USU A	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)					
				INSIDE CITY LIMITS?	130 STREET ADDRESS	04	010	0.1
	tyland Bal	entrolle back	CITTOTO	ES 😿 NO 🗌	1111 W.Ce	nzer Sz	7/7	7.1
14. FA	FIRST	MIDDLE LA	IST 13.	FIRST	MIDDLE		LAST	
An	rthur Kenney		F	rances B.	liss			
	VAS DECEASED EVER IN U.S.			INFORMANT	ADDR	ESS		
(4)		GIVE WAR OR DATES)	20 4/00 5	D	001 T			010
	no	1005	32-4629 F	rances P	erry 224 T	yrone C	APPROXIMA BETWEEN ONS	2 717
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON						
ATION	gave rise to immediate cause (a), stating the underlying cause last.	(b)	ISEOUENCE OF		RMINAL DISEASE OR CON	20b. IF YES, WEF	RE FINDING	
RTIFICATION	gave rise to immediate cause (a), stafing the underlying cause lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION	T CONDITIONS CONTRIBUTION	ISEQUENCE OF IG TO DEATH BUT NO WHICH OPERATION W	/AS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDING CAUSES OF	
TIFIC	gave rise to immediate cause (a), stafing the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b)	ISEOUENCE OF IG TO DEATH BUT NO WHICH OPERATION W	/AS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDING CAUSES OF	F DEATH?
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DHMH - 16 50M 4/82 (VRA 15, 4)

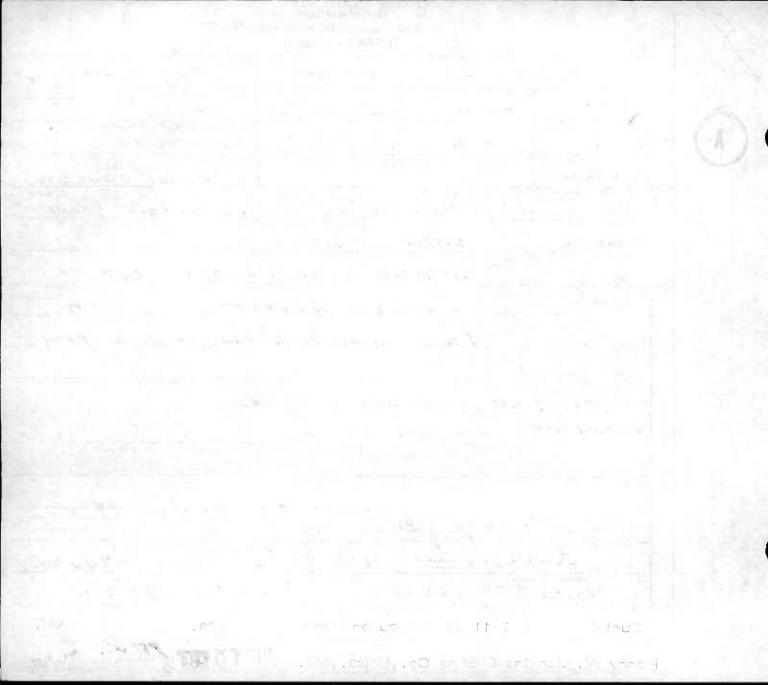
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	•
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page retained by the haspital or attending physician.	er death. Page
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in this property with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	The state of the s
IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical scanner must be no	Y

DHMH - 16 50M 1/76 (VR A 15 (4))

	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		REG. NO.	1 8 0	10
1		CEASED NAME FIRST LRV		DDLE	-	BUCHAR		Tuly	9 1984	26. HOUR /0:50 M
	3. SEX	Male	4. RACE Whit	te	5 DATE C	DAY YE	92	GE (IN YEARS LAST BIRTHDA'	MONTHS DAYS	
		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF W	A	WIDOWE			altimore city or co	Co.	MD.
0	1	TO WSO N	(IF NOT IN SUCH	FACILITY, GIVE STRE	EET ADDRESS)	OR OTHER INSTITUTIO		USUAL OCCUPATION E OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	BUIS-
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF		3c CITY OR LO		134 INSIDE CITY LIM YES AND [STREET ADDRESS E UNIVE	isity PA	21218 Kasay
2	14 FA	THER'S NAME Firederick	MIDDLE	Bucha	tr"	Vn Lno		WIDDLE	·	AST
7		VAS DECEASED EVER IN U.S. AR (IF YES, GIV NO	E WAR OR DATES)	66. SOCIAL SE		Lawren	ice K.	Wagner	Balto.	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	TE CAUSE (0) DUE TO, OR	AS A CONSECUTION	DUENCE OF	AR.	de V	seulose	discon y	DAMATE INTERVAL NOMET AND DEATH
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT BASA 190 DATE OF OPERATION 2 June 1964 210. ACCIDENT WAS UNDERLYING	Cell C 196 CONDIT Lo	on for which	CH OPERATIO	N WAS PERFORMED	5 ks	00 AUTOPSY? 20	Db. IF YES, WERE FIND N CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO [
	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. Certify that (I) (this-house	HOUR A.M P.M 21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFIC deceased from	19 ce, FARM, ETC.)	21f. LOCATION	84	CITY OR TOWN	COUNTY	STATE ., that (I) (we) lost
1		sow the decessed olive or obove, (I)-(we)-(did) (did not 22b. SIGNATURE 726. PHYSICIAN'S NAME (TYPE C WOLF & C)	Africa To	fer death.	m	DEGREE		EDICAL STAFF RECTOR PHYSICIAN	22c. DA	EL SYNGSY
	230 8	BURIAL, CREMATION, REMOVAL SPECIES! Burial	23b DATE 7-11-			EMETERY OR CREMA		Balto.	COUNTY	Md.
	24 FU	uneral director Henry W. Jent	kins & S	ADDRESS Ons C	o.,Ba		Sa. DATE REC	TO 984	CISTRAR'S SIGN.	ndele



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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be etained by the haspital ar attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundation and the following the fundation of the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with 77 hours the death	with the State Dept. at health and Mental Hygiene prior to burial, cremation, at removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, at other traumatic event, the medical examiner most be not the
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.		
	CEASED NAME	FIRST	,	MIDDLE	ı	AST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
(,,,,	. OKPKINI)	Rishe	1 H	Harwood	В	uckley	July	21,	1984	M
3 SE			4 RACE		S. DATE C		6. AGE (IN YEARS LAST E	HRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		W)	nite		pt. 9, 1908	75	YRS	MONTHS: DAYS	HOURS MIN.
	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D IN NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
	New York		U.	S.A.	WIDOWE	_	Bal	timore	County	MD.
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
	Baltimon	re		ld Home R		Residence)	Account			
13a	AL RESIDENCE (IF NUE STATE Maryland	136 COUN		136 CITY OR TOWN Baltino	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 529 Old			206
	ATHER'S NAME					15 MOTHER'S MAIDEN NA				
	Charles		H.	Buckley		Bertha	MIDDLE		We	eks
	VAS DECEASED EVE	R IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
(YES, NO OR UNKNOWN)	Army	WW II	108-01-	8969	Christine I	. Buckley	539 0		
	18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (a), (b), and					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH		E CAUSE (0)	Cardi	o Dn	Commercy a	nest		14	1
	l		DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if any		(b)	Sue	2 1	Murray E	mprysen	na	10	ys.
	couse (a), state	ing the	DUE TO, O	r as a conseque		/				,
			((c)							
z	PART 2. OTHER SIG	INIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NIN AL DISEASE OR CO	NDITION G	IVEN IN PART 110	3
CERTIFICATION	10.00.00.00.00.00.00.00.00.00.00.00.00.0	71011	Seul	re oct	- WILL		unes	Tank IF VI	C VA/EDE EINIDA	100 11050
FICA	19a DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERBIIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES	OF DEATH?
ERT	21a ACCIDENT WAS UN	IDERIVING F	7 71b. TIME O	E IN II IDV		21c HOW INJURY OCCUR	YES NO		ÆS 🗌	NO [
	OR CONTRIBUTING		110110	M. MONTH DA	YEAR	THE HOW HAJORI OCCOR	RED (ENTER NATURE OF IN.	JURY IN HEM 18	PART T OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MED		P. PLACE		19	ZII LOCATION				
MEC	WHILE NOT W	HILE		REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR 1	OWN	COUNTY	STATE
	22a certify that (tal) attended th	e decepsed from	1-	1 10 76	to 7-2	- 3	19 8 6	that (1) (we) last
	sow the deceo	sed alive on	7/24		84.01	nd that in (my) (our) opinion	death occurred on the	date and ha		- 1
	22b. SIGNATURE	(did) (did no	t) view the body	offer deoth.		DEGREE			22c DATE	SIGNED
	1 du	mi /	111111	Para		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR ☐ PHYS	AFF ICIAN []	7/	23/6-
	22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRESS			1	104
	Jr. Ja	aime P	unzalan	M.D.		5214 Harf	ord Road	Baltin	nore, Ma	ryland
	RUPIAL CREMATION		The state of the s	100		EMETERY OR CREMATORY	23d LOCATION			

BP DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

Cremation

7/24/84

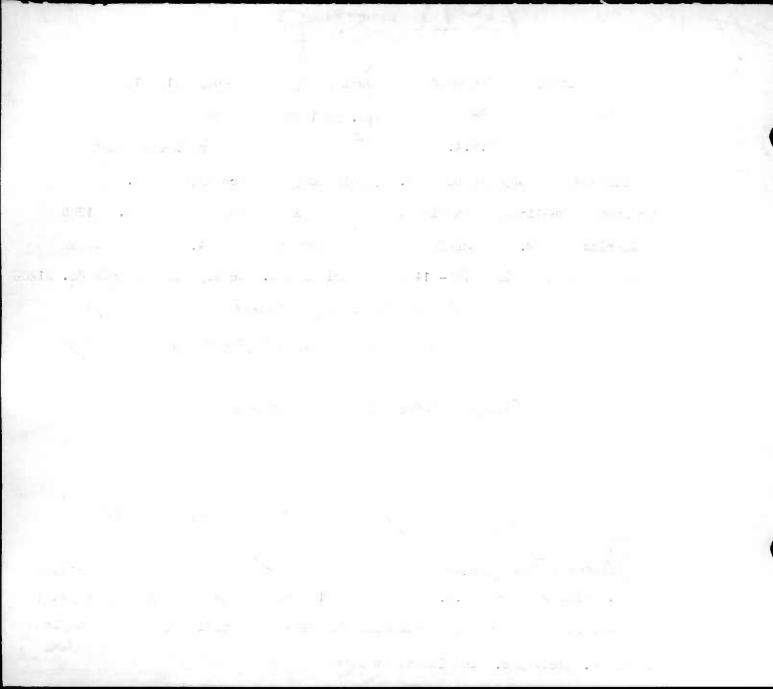
Westview Memorial

Baitimore

Maryland

Baltimore, Maryland Leonard J. Ruck, Inc.

24 1984



ATTENDING PHTSICIAM. The low requires that the death certificate be executed within 24

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injury, or other traumatic event, the

STATE OF MA	RYLAND	i)
T OF HEALTH A		HYGIENE O
LAST	1	2n DATE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	40	
I. DECEASED NAME (TYPE OR PRINT)	HERI	MAN	William	B	vechLer	20. DATE OF DEATH	MONTH DA	1984	26 HOUR
3. SEX MALE		4 RACE Wh	, Te	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
COUNTRY)	TE OR FOREIGN	V.	WHAT COUNTRY?	MARRIE WIDOWE	D DIVORCED	BAITIM		COUN	TY MI
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USUAL RESIDENCE (1)	F NURSING HOME OF 13b. COUN		13c. CITY OR TOW	N .	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	leyAv	e 7/	PT. ZN
14 FATHER'S NAME HERI	MAN	MIDDLE	Buech	Ler	15. MOTHER'S MAIDEN NAMES	MIDDLE		Phi	PPS
160 WAS DECEASED (YES, NO OR LINKNOW		MED FORCES?	2/5-24	1 Section	MARY N.B.	iechler S	00 Bo.		
	TH WAS CAUSE		MASSi		HEMORPHAL	RE (G	I)	BETWEEN	CIMATE INTERVAL ONSET AND DEATH
Canditians, if		DUE TO, C	A Cute	AGE OF C	obol Inta	KE.			
gave rise to cause (a), underlying		DUE TO, C	DR AS A CONSEQUE	ENCE OF					
	SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
CERTIFICA OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT	PERATION	196 COND	NITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO			NGS USED S OF DEATH? NO []
OR CONTRIBUTING	AS UNDERLYING COLORS CAUSE OF DEA	HOUR A		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
WHILE I	CURRED		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	at (I) (this hasp eceased alive an we) (alak (did ha		he deceased fram		nd that in (my) (aur) apinion	, ta death accurred on the d			that (I) (we) last causes stated
77h SIGNATUR	Mile	Lulan	DH		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
CONS 7		P.Ch.	iliminda	ıs	GREATER B.	AlTimore,	Medic	Al Co	en Ter
230. BURIAL, CREMAT	ION, REMOVAL	236. DATE July 2	. 1000 (1	NAME OF C		23d. LOCATION CITY OF TOWN COCKEYS V	11	AITO	Md

DHMH - 16 50M 4/82

to Funeral Director. thould be detoched for us with the State Dept. of He WRORTANT, If Nem 21 is.

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236. DATE 395. IF I SURIAL TULY 24, 1984 L. TULY 24, 1984 L

Md.

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6	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.	8 0	1 5
o b e o		1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) Adolph H. BUESCHER					20 DATE OF DEATH July	24,	1984	3:14p M
ge 4 moy	3. SE	x Nale	4 RACE White	e	S DATE C	1 28, DAY 1892 YEAR	6. AGE (IN YEARS LAST BIRT	(HDAY) YRS	IF UNDER TYEAR	IF UNDER 24 HRS
de character de ch	(RTHPLACE (STATE OR FOREIGN COUNTRY) Germany	U.,	WHAT COUNTRY?	WIDOWE		Baltimore city o	cou	inty	MD
the f	Es	ITY OR TOWN OF DEATH	Frank.	CHEACILITY GIVE STREET	ADDRESS]	PITAL	The USUAL OCCUPATION Retire S		126 KIND C INDUSTRY TVISOR B	of Business or alt. G&E
writin 24 hours offer letely filled in by the d 2 should be filed will mine must be footfied	13a. S	ALRESIDENCE (# NURSING DIAGO STATE COU Maryland		13c CITY OR TOW Baltimos		134 INSIDE CITY LIMITS? YES MO []	13e STREET ADDRESS /			214
completely and 2 si	14. FATHER'S NAME FIRST Ide			uescher		15. MOTHER'S MAIDEN NA FIRST Agusta	MIDDLE		Seimes	ST .
be executed on ond comp.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	166 SOCIAL SECU 212-05-		Pearl E Bue	ADDRE Scher		e As 13e	
res that the death certificate need by the ottending physici places remove carbon paper virial, cremation, or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	ED BY: ATE CAUSE (a) DUE TO, C (b) DUE TO, C (c)	Cardion OR AS A CONSEQUE Congest OR AS A CONSEQUE Pneumo	espir NCE OF ed He NCE OF nia	eart Failure	unal disease or cont	D NOI TIL		IMATE INTERVAL ONSET AND DEATH
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TO HO To Figure 10 Miles In Program With House In Program In Indian I	73n F	Darius S. BURIAL CREMATION REMOVA			IAME OF C	9000 Frankli		i, B	altimore	21237

Burial 24 FUNERAL DIRECTOR

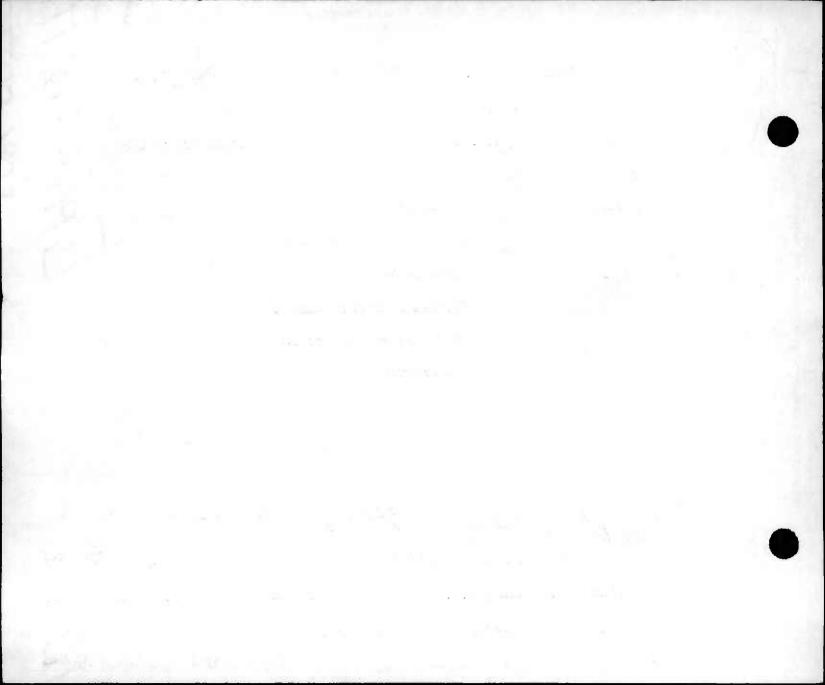
15PECIFY)

CTATE OF MADVIAND

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DE 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Darius S. Russin, M.D. 9000 Franklin Square Dri, Baltimore 21237 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Gardens Of Faith 1 188. DATE REC'D. Baltimore, Maruland
BY REGISTRAR 256. REGISTRAR'S SIGNATURE 7/27/84 Leonard J Ruck Inc. Baltimore, Ticha Davidson Randall Maruland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



LIVEE OR PRINTE M. White BOOKERSTINE I STATE OR FOREIGN CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED Maryland NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OCITY OR TOWN OF DEATH Nursing Home 13d. INSIDE CITY LIMITS? NO D 14 FATHER'S NAME John FIRST Mary Ayres WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 18. CAUSE OF DEATH (Enter only one couse per luce top to the wind PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. CERTIFICATION 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED Aentol Hygier 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED 21e PLACE OF INJURY

NOT WHILE

226 PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on 2-7

FOR - STATE

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 2a DATE OF DEATH MONTH 26. HOUR IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH runte 126. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST Pre School 13. STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME Neuhauser MIDDIE ADDRESS Alviah V. Avres 3233 Tyne Lane Sarasota.Fla 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART I OR PART 2) 211 LOCATION CITY OF TOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (I) (the benefit of ottended the deceased from and that in (my) town opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Parkwood Cemetery 24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

Bal timore 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Julia David -- Rando 80

CITY OR TOWN

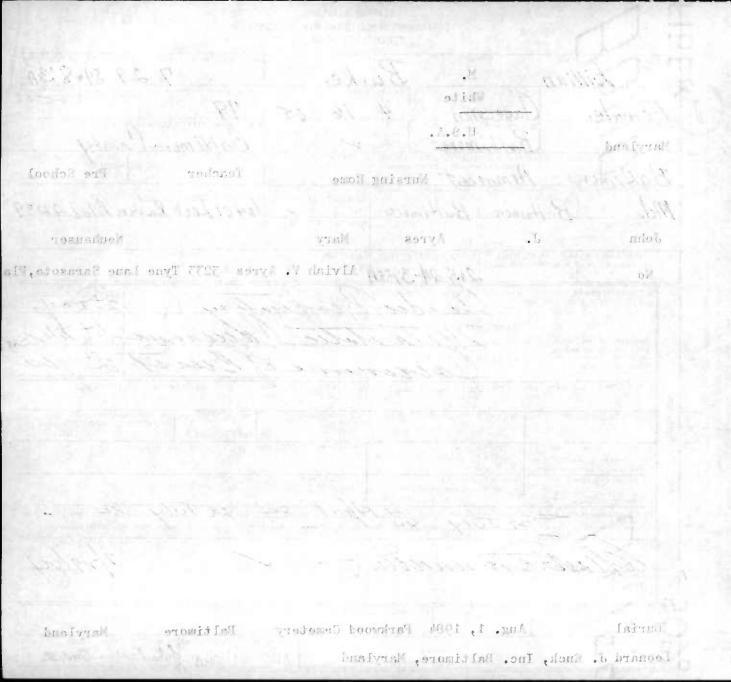
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

should be with the St

DIRECTOR:

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FOR STATE

STATE OF MARYLAND CEDTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	CATE OF DEATH		REG. NO			
	CEASED NAME	FIRST	-	MIDDLE	L	AST	2a. DATE O	F DEATH A	NONTH D	AY YEAR	25. HOUR
(ITPE	ORPRINT) Mrs	. Lou	ise C	. Burto	n			July 15	1984		11:30 N
3. SE.			RACE	- 19	5. DATE O		6. AGE (IN	YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
F	emale		Caucasi	ian	Octo	ber 17 1892 ^E ^*	91		YRS.	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMO	RE CITY OF	COUNTY	OF DEATH	
	aryland		USA		WIDOWE		Balt	imore C	ounty		W
	TY OR TOWN OF DEA	.TH 11.	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WO	OCCUPATION MOST OF	WORKING LIFE	INDUSTRY	
1	andallstown			ore County (Hospital	Ret	live in	1	comp	enion
130.5	AL RESIDENCE (IF NURS STATE aryland	136. COUNTY	ER INSTITUTION	13c. CITY OR TOW Baltino	N	13d. INSIDE CITY LIMITS?	13e. STREET 805 T	ADDRESS WILLOW	l Parkv	ay	21229
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM	ΛE	- 100			
H	bward Owens (Crusev	DLE	LAST		Mary Ann (Sta	ahl) Cr	WIDDLE		LA	51
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INMESANMiriam	House	ADDRES	S		21207
N	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-05-0	3362	3515 Keston 1	Rd.	B	altimor	æ	Maryland
	Conditions, if any, gove rise to improve (a), stating underlying couse	mediate ng the last.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEAS	SE OR COND	ITION GIV	EN IN PART I	0
NO	And	عمر	· De a	Eic Cen	S	ma when	متد	0			
CERTIFICATION	19a DATE OF OPERA	TION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY?		, WERE FINDI	
IL CERT	21a. ACCIDENT WAS UNE		216. TIME C HOUR A.		AY YEAR	21c. HOW INJURY OCCURR		-			140
MEDICAL	(IF EITHER NOTIFY MEDII 21d. INJURY OCCURI WHILE NOT WE AT WORK AT WO	RED	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	2H. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	220.1 certify that (1) saw the decess above, (1) (w.c.) (c	ed alive an	2 ~ 6~	251 19		nd that in (my) (our) opinion of	death accurr	ed on the do	te and house	ond from the	

URMO TAB

231. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN THE ADDRESS

23d LOCATION
CITY OF TOWN
Baltimore

MEDICAL STAFF

COUNTY

Mary land

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

IMPORTANT: If them 21 is marked or them 18 shaw

230. BURIAL, CREMATION, REMOVAL SPECIFY) 7-18-84 Loudon Park Cemetery 74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Navidson Bondese

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unicadi, su	n M. Datein	2535 Prest	MBH-31-21:		681	
		er way				
	N THE PARTY OF		eduction.	mar Disa	S Lenny	
Lych	harman strate		1.1000			
firelysis - 1	Type Logs		THE PERSON NAMED IN		101 101	

FOR STATE REGIS
1. DECEASED (TYPE OR PRINT)
3. SEX Male
Pennsy
10 CITY OR TO
Tows

Henry J.

Callan

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

CHARLOS MADVIAND

	STATE	I MAKI	LANU	
DEPARTMENT	OF HE	ALTH AN	MENTAL	HYGIENE
CE	RTIFIC	ATE OF	DEATH	
				- 4

REGISTRAR			CERTIF	ICAIL OF	PEATH	REG. NO.				
DECEASED NAME TYPE OR PRINTS X	evier avier	MIDDLE J.	Ca11	an an	1	July 24, 1984	DAY YEAR	7:45 A		
SEX		4 RACE	5. DATE C			6. AGE (TEXEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
Male	\$ (TEX)	Caucasian	07	- 26 A	15	68 YRS	MONINS DATS	HOURS MIN,		
BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D XXNEVER	MARRIED []	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
Pennsylvania		USA	WIDOWE		VORCED [Baltimore County M				
CITY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSIN				17a USUAL OCCUPATION		F BUSINESS OF		
Towson Greater Baltime		re Me	dical (Center	Superintendent Construction					
OUAL RESIDENCE (# NURS O. STATE Md	13b COUN Ba	STATE OF STA		13d INSIDE C	NO [13. STREET ADDRESS / ZIP COU 500 Virginia A	ve #1112	2 21204		
E A STATE DAY A A A A A A STATE		The second secon		IL MOTHER	CALAIDENIALA	AAC				

	2S	WWII	208 10 023	34A Chris	stine Call	an	same	
17	PART I. DEATH W.	1 (Enter only one cause per AS CAUSED BY: IMMEDIATE CAUSE (o)	Rullous emn				APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
			R AS A CONSEQUENCE	E OF	-			
d	Conditions, if any,				· · · · · · · · · · · · · · · · · · ·		3	
couse (a), stating the underlying couse last.		the DUE TO. O	R AS A CONSEQUENCE	E OF	PARTIES.		1	

17. INFORMANT

Mary Bender

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

reivic abscess d	ue to periorated di	verticulum and	arte	TTOSCI	Tar dicos	Lu 10 vas-
190. DATE OF OPERATION	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDING. IN CERTIFYING CAUSES OF				
			YES X	NO	YES 🗶	NO 🗆
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED) (ENTERN	ATURE OF INJURY	IN ITEM IB PART I OR PART	7)
[IF ETTHER NOTIFY MEDICAL EXAMINER]	P.M. 19					5.77
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N COUNTY	STATE

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM	IB PART OR PART 2}	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a certify that (1) (this haspital)	attended the deceased from July	7 1984	to July 24	19.84	, that (I) (we) los

sow the deceased alive on July obove, (I) (we) (did) (did not) view the bo	24 19 84 , and that in (my) (our) opinion death occurre dy after death	d on the date and hour and from the causes stated
22b. SIGNATURE	DEGREE	22c. DATE SIGNED
John ? Ital	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF 7/24/84

THYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRES

6701 N. Charles St., Baltimore MD 21204

ADDRESS

Join L. Ada	ring, iren.		0,01 11.	OHGLICD	5000	Dateamore	
BURIAL, CREMATION, REMO	OVAL 73h DATE	23c NAME OF CEA	METERY OR CREA	MATORY 123	LOCATIO	V	

Burial 7/27/85 Md Vet Cemetery 24 FUNERAL DIRECTOR

Burgee Funeral Home, 3631 Falls Road, 21211

Garrison Forest Balto. Co. Md JUL 27 1984 SAME STREET STREET

DHMH - 16 50M 4/B3 (VRA 15, 4)

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	AND THE PARTY OF T		uan Papan Suuran sa		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENS

	DEFARIA	CERTIFICATE OF DEATH	REG. N	10		
FIRST OMO	MIDDLE MIDDLE	CAPLAN	70 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 025547
4	RACE WHITE	5. DATE OF BIRTH MONTH OAY YEAR OD YEAR	6. AGE (IN YEARS LAST BI	283	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Belt-	-01	_ Com	MD.
ww	(IE NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION (ADDRESS)	176 USUAL OCCUPAT	ION OF WORKING LI LESMAL		ERAGES
36 COUNT		YES NO [STREET ADDRESS,	/ZIP COD	Frath,	21/36
M	CAPLAN	15. MÖTHER'S MAIDEN N	WIDDIE		JNKNOWN	т
	WAR OR DATES) 166 SOCIAL SEGU	01 1	MRS. SANDRADI ATSWORTH AVE		N STERSTO	OWN, MD
S CAUSEÓ MMEDIATE , which	y one couse per line for (a), (b), one BY: CAUSE (a) DUE TO, OR AS A CONSEQUE	PNEUMONI	A + SEP RATION	211 S1S	BETWEEN	IMATE INTERVAL ONSET AND DEATH
the lost	DUE TO, OR AS A CONSEQUE	/				
FICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
ON	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES []	
RLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.		JRRED (ENTER NATURE OF INJ	JRY IN ITEM TS	PART I OR PART 2)	
D	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
olive on_	ol) ottended the deceosed from	, and that in (my) (our) opinion	on death accurred on the c	late and ha	ur and from the	that (II (we) last couses stated
Do	South	DEGREE ATTENDING PHYSICIAN			7. DATE	12.84
DU DU	RA GOUINDA	RNO BACTI	MORE COO	NTY (GNL H	SPITAC.

TO FUNERAL DIRECTOR, After this certificate has been signed should be detached for use as the burial-transit permit. Then pled with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or retained by the haspital BP. DHMH - 16 50M 4/83

FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

7a. BIRTHPLACE (STATE ORFO LITHUANIA

USUAL RESIDENCE (IF NURSIN

160 WAS DECEASED EVER I

18 CAUSE OF DEATH

Conditions, if ony, gove rise to imme couse (o), stoting underlying couse

PART 2 OTHER SIGN

190 DATE OF OPERATI

210. ACCIDENT WAS UNDE

OR CONTRIBUTING CA

(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURRE

22a.1 certify that (1)

sow the decease obove, (H (we) (d 276. SIGNATURE

PHYSICIAN'S NA

230. BURIAL, CREMATION, REMOVAL (SPECIBURIAL

NOT WHI

PART I. DEATH WA

(YES, NOOR UNKNOWN)

NISSAN

14. FATHER'S NAME

3. SEX

hours of

completely filled in by the funeral directors 1 and 2 should be filed within 72 hours of

Pages 1

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by the attending physician

event, the medical

or other troumotic a please remove co burial, cremation, a

CERTIFICATION

MEDICAL

removol

within

PHYSICIAN

OR ATTENDING ŏ

(VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS. , INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

23b. DATE

23c NAME OF CEMETERY OR CREMATORY JULY 13,1984 RIGA KURLANDER

23d LOCATION ROSEDALE

STATE

ROSEDALE BALTO MD

BY REGISTRAR 756 REGISTRAR'S SIGNATURE

7 1084 Like Devideor-Randelle

1	For Film G593 7	/31/84		E OF MARYLAND	8 4 1	3 0 2 4		
1	- STATE Item 6	lvl		ICATE OF DEATH	REG. NO.			
	DECEASED NAME FRST	O // E.	CARI	BAUGH		DAY YEAR 26 HOUR 4:554		
3. 5	SEX Female	4/RACE White	S. DATE C		6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HR		
8	Maryland,	A CITIZEN OF WHAT COU USA	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	ECUINT,		
80	TOWSON !	SA/N/J	DSEPH	HOSPITAL	Housewife	175 KIND OF BUSINESS'O INDUSTRY		
6 in	Maryland III COUN	ITY III. CITY O		21.204 THE INSIDE CITY LIMITS? YES 50 NO []	650 Park Wyrth	Ave. 21218		
00	Patrick _	J. Mar	ngan	Kathline	MIDDLE	Watson		
21	WAS DECEASED EVER IN U.S. ARM (HE NO OBJEKNOWN) (# 155, GW	WAR OR DATES!	-32-8532	Mr. Charles	Carbaugh 650 Par	21218 k Wyrth Ave.		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the	D BY:	Jeste Negouence of Mero an		Heriolytic anem	114		
N. C	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DESTERMINAL DISEASE OR CONDITION GIVEN IN PART TO							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	#N CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO		
WEDICAL CER	OR COLUMNIA C CALIFF OF OF	HOUR A.M. MON	19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PARI I OR PART 7} COUNTY STATE		
2	22a.1 certify that (I) (this hospital) attended the deceased from							
1	sow the deceased glive on above, the (we) (did above, the signal of the	a. Stall		DEGRÉE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	222 DAJE SIGNED		
1	220. PHYSICIAN'S NAME (TYPEO	WALL SA	mo	7620 40	INK Rd Tows	m 21264		
230	BURIAL, CREMATION, REMOVAL	23b. DATE 7 / Q / Q /		COMPANDE OF CREMATORY	23d LOCATION CITY OR TOWN Ra I + i more	COUNTY STATE		

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Davidson-Randalla

DHMH = 16' 50M-4/83' 1 (VRA 15, 4)

24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fled with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDIN

12 19 1		ART.			
	# 100				
PALTIMER YEARS					
	WAR THE	MESTER!			
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PORTANT

DIRECTOR:

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MEDICAL

WHILE

FOR - STATE

Randallstown

STATE OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR REG. NO. 2a DATE OF DEATH DECEASED NAME CARR YEAR 2b. HOUR Daniel D.L. M. (TYPE OR PRINT) IF UNDER 1 YEAR 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINIDER 24 HE MONTH DAY YEAR emale White 1897 87RS June 70. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore County Maryland WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

130 STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3104 Gartside Ave. 21207 Maryland Baltimore NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lillian Parks E. Stewart M. George 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 213-01-1009 Elaine C. Dixon - Same as #13e No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACONSEQUENCE-O Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION

Baltimore County General Hospital

200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

NO YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION

CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on.

22b, SIGNATORE

23b. DATE

7-14-84

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Homemaker

22c. DATE SIGNED

NO [

STATE

Own Home

NOT WHILE

AT WORK

731. NAME OF CEMETERY OR CREMATORY

DEGREE

TITY OR TOW

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

Dulaney Valley 1050 York Rd.

Timonium, Baltimore, Maryland 250 DATE REC'D. BY TOO STRAR 250 BEGISTEANS CONTINUE

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG NO 20. DATE OF DEATH YEAR 26 HOUR 1. DECEASED NAME MONTH FIRS1 LIYPE OR PRINTS ARTER 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH 3 SEX MONTH HEMACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BACTIMORE DUNT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BACTO 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS ZIP CODE 13c. CITY OR TOWN MD21207 MARYLAND 4008 ENFORD BALTIMURE YES | NO 14 FATHER'S NAME S MAIDEN NAME MODELE 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) NONE 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. Canditians, if any, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS INNER CERTIFICATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 🗍 NOF YES [] NO [716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR FART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED HI. LOCATION 21e. PLACE OF INJURY COUNTY STATE ATY OR TOWN (AT HOME, STREET, FACTORY, OFFICE MALETIES AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) artended the deceased from sow the deceased alive on at that in (my) (our) opinion death accurred an the date and hour and from the causes stated 221 DATE SIGNED **MIGNATURE** THINDING EDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL OR CREMATORY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NO BELLE

DHMH - 16 50M 4/B3 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

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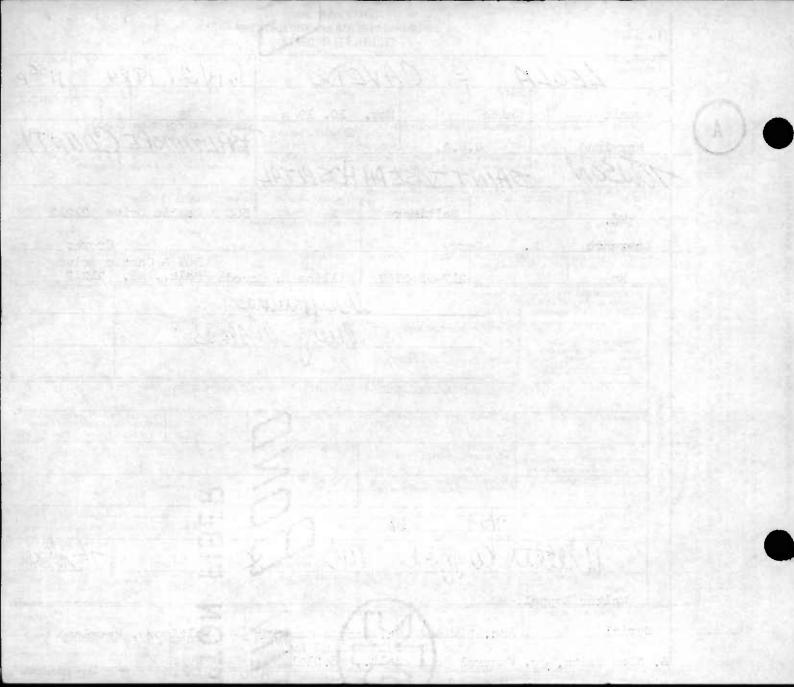
984 St. Mary's Cemetery Baltimore, Maryland Address 3818 Roland Av. Dait REC'D BY REGISTRAR 236. REGISTRAR'S SIGNATURE DIME Balt., Md. 21211

REGISTRAR			CERTIFICA	TE OF DEATH		REG. N	0.		
1. DECEASED NAME FIRST	0	MIDDLE	11/5	7 1	20. DATE O	FDEATH	MONTH 7	DAY YEAR	26 HOUR
1501	H	=. Ct	TVE	DO	Juli	401	, 19	84	11 AM
1. SEX	4. RACE	3	DATE OF BI	RTH DAY YEAR	6 AGE (IN	FEARS LAST BIR	THDAY	MONTHS DATS	HOURS MIN
Female	White		Nov.	30, 1908	-	75	YRS.		
70 BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8.	MARRIED X	NEVER MARRIED	BALTIMO	ORE CITY C	COUNT	OF DEATH	11.171/
Maryland			VIDOWED [PH	TID	IOLE	(00	IN / /MD
III CITY OF TO WAN OF DEATH	BAIN SUC	HOSPITAL, NURSING	PH H	OSPITAL	TYPE OF WOR	OCCUPAT			OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOLL) 13a STATE	ÖR OTHER INSTITUTION. JNTY	13c. CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET	ADDRESS	ZIP COD	E	
3/4		Baltimore		5 X NO [Cast	le Dr	ive 2	1212
IN FATHER S NAME	WIDDLE	LAST	15	MOTHER'S MAIDEN NA	ME	MIDDLE		LA	AST
		erry	1.5					Grove	es
168 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT	Y NO. 17	INFORMANT		508	A Cas	tle Dri	ive
No		217-03-27	67 W	illiam E. C	avedo	m . 7 .	., Md	. 212	12
18 CAUSE OF DEATH (Enter	anly ane couse per	line for (o), (b), and (o	AN MA	D. 1/2	0			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
PART I. DE ATH WAS CAUS	ATE CAUSE (a)	11. 9.6.1	W	JUSTMIN					
THE SECTION AND ASSESSMENT OF THE PARTY OF T	DUE TO, O	R AS A CONSEQUENCE	CE OF	Turio. A	Corna	1 1			
Conditions, if ony, which	(tb)			ung u	17(0)				
gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUENC	CEOF	()					
underlying cause last.	((c)								
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	NINAL DISEAS	E OR CON	DITION GI	VEN IN PART 1	(a
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING									
5 190 DATE OF OPERATION	196 COND	ITION FOR WHICH OF	PERATION W	AS PERFORMED	20a AUT	OPSY?		S, WERE FIND FYING CAUSE	
# Ta					YES 🗌	NO	_	ES 🗌	NO 🗌
OD CONTRIBUTING TO CAUSE OF C	1110110 1	OF INJURY M. MONTH DAY	YEAR 21	HOW INJURY OCCUR	RED (ENTERN.	ATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19	In the second					15 3 3 3
(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE FARA		LOCATION		CITY OR TO	WN	COUNTY	STATE
NOT WHILE AT WORK									
22a I certify that (1) (this hos		e deceosed fram	,	. 19	, ta	4.01		19	, that (I) (we) last
saw the deceased olive to	on view the body	after death.	and th	ot in (my) (aur) opinion	death occurre	ed on the d	ote and ha	ur and from the	e causes stated
22b. SIGNATURE	11 /	000	DEG		1	915	-	22c. DA/	ESIGNED
1/1000	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							1/3	30184
226 PHYSICIAN'S NAME (TYPE	OR PRINT)	V	220	ADDRESS	-			-	-
Walter Kopp	el. MD								
23a. BURIAL, CREMATION, REMOVA		23c. NA	ME OF CEME	TERY OR CREMATORY	23d LOC		u-		
Burial		100				ORTOWN		COUNTY	STATE
24 FUNERAL DIRECTOR	l Aug.	2, 1984 S	olo pa	y's Cemeter land Av. 250 DAT	E REC'D. BY	Balti REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE
A. Alan Seitz. J	r. Funer	ADDRESS 3	alt.	Md. 21211	116 8			in the same	

A. Alan Seitz, Jr. Funeral Home

DHMH - 16 50M 4/B3

(VRA 15, 4)



6	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	10.	8028
		CEASED NAME FIRST OR PRINT) Made	tie	WIDDLE	Ce	ohas	2a DATE OF DEATH	1 /19/84	26 HOUR 4:10 pm
A)	3. SEX		4. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BI		YEAR IF UNDER THE HRS. DAYS HOURS MIN.
		Female RTHPLACE (STATE OR FOREIGN		Black WHAT COUNTRY?	6	16 1889	95 9 BALTIMORE CITY	YRS OR COUNTY OF DEAT	тн
70	N.	Carolina		S. A.	WIDOWE		BAlto.	County	MD.
90	10. CI	WSOn		HOSPITAL, NURSIN		R OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Domestic	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY Family
35	1Ju. 5	RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS Baltimore	/ ZIP COD2775	W. North Av
ec.	14 FA	THER'S NAME FIRST	WIDDLE	LAST Carr		IS MOTHER'S MAIDEN NAME FIRST Julia			LAST
O'DORANT UNEX SET IN SECURIOR TO SET IN SECURIOR TO SET IS SET IN SECURIOR TO SECURIOR		AS DECEASED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 217-36-2		17 INFORMANT Catherine Si		W. North	
other tr		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b)_4	DR AS A CONSEQUE DR AS A CONSEQUE	eleno	tic Cardiovas	rilae Pis	ease	
	NO	PART 2. OTHER SIGNIFICAN	1 2	nentia	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RI IIo
buriol-tronst permit. Then pleose remove corbon pop 1 Mentol Hygiene prior to buriol, cremotion, or removo or Item 18 shows any injury, or other troumotic event,	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	Z00 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
00	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH D.	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ.	JRY IN ITEM 18 PART I OR PAI	Rf 2)
5	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK		OF INJURY	Loui, erc. s	211. LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
		220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did	n 10/4	9 / 19	900	d that in (my) (our) opinion	todeath accurred on the c	late and how and fram	, that (I) (we) lost m the causes stated
<u></u>		276 SIGNATURE	The state of the s	3	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF /	DAJE SIGNED
		22d PHYSICIAN'S NAME (IVPI Eddie N	lakhe	da		Stella	MARIS		
≥ 0	73a F	URIAL CREMATION, REMOVA	AL 23b. DATE	73c N	IAME OF C	EMETERY OR CREMATORY	234 LOCATION		

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

7/24/1984 Burial

23c. NAME OF CEMETERY OR CREMATORYPIC Maryland National Mem.

CITY OR TOWN Laurel 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Maryland COUNTY

Nutter & Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

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5 10 ed. Corolina Iconstic .tv. Darily TTT. North .ve. Elitor. Morelond 21215 Baltingre X Maryland ... J. I.L. CAFE 2775 . North Avenue 21-36-2011 C therine sifterd Faltimore. Mar 1 nd 21216

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FILES. FOURS PLEASE

TREET,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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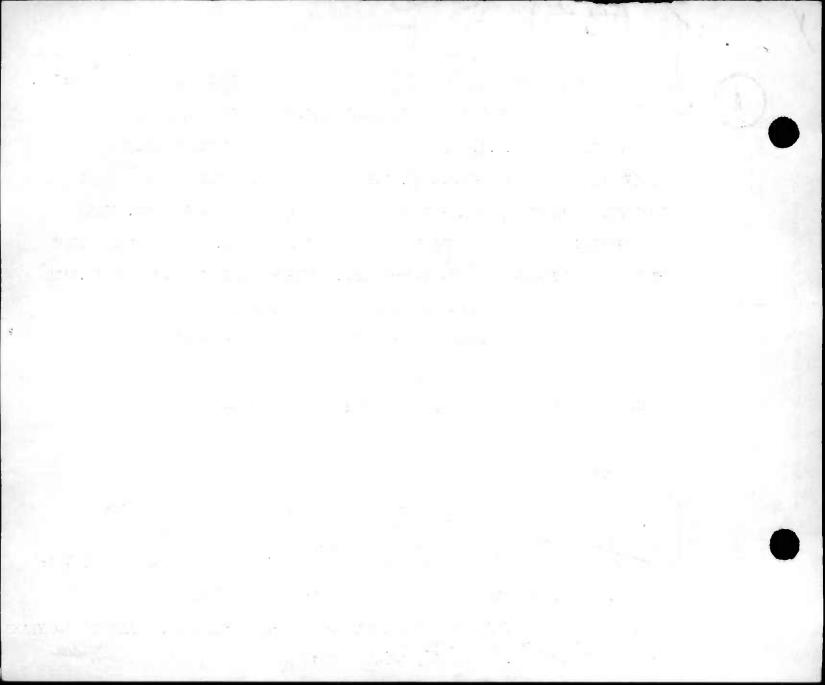
USUAL RESIDENCE IF IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130, STATE Maryland Baltimore 14. FATHER'S NAME Raymond McKinley Chaffman McKinley Chaffman Is. MOTHER'S MAIDEN NAME Raymond McKinley Chaffman Mary Albertia Scheckells Is. MOTHER'S MAIDEN NAME Mary Albertia Mary Albertia Scheckells In Informant Mrs. Margaret Tress Chaffman Yes. Only Informant Mrs. Margaret Tress Chaffman 214-16-8340 3506 Old Mill Rd. Baltimore, Md. 21 Is. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Light Significant Conditions (distributing to Death But Not related to the terminal disease Dr Condition Given in Part 1 (a)	8 0 2 9				
	TYPE OR PRINT)JAMES	EDWARD MCKINLEY CHA	AFFMANS SR.	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 76. HOUR
	Male Caucasia	n 1-27-18 YEAR 66 HIRTHO	EARS IF UNDER 1 YR. IF UNDER 24	PRONOUNCED DEAD	MONTH DAY YEAR TA HOLLE
5				D 🔲 🗕	-
7		11. NAME OF HOSPITAL, NURSING HOMI (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore County Ge	eneral Hospital	Carpenter - U	176 KIND OF BUSINESS OR INDUSTRY
5			eights yes \(\text{NSIDE (ITY LIMITS?} \)	3°3506 Old Mill	21207 Road
C	Raymond Mc		Mary Albe	ertia MIDDLE S	
1	160 WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) LIFYES, SIMEN YES W.W	NED FORCES? WAR ORDATES) 214-16-834	40 3506 01d M	Margaref Tess ill Rd. Baltim	Chaffman ore, Md. 21207
	PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse (a) stating the under-	E CAUSE (a) ACUA MYA CAL DUE TO, OR AS A CONSEQUENCE (b) ASC (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2			ATT A SECTION	1 (4:	20 AUTOPSY?
7	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 218 PLACE OF INJURY LATHOME,	211 LOCATION		PART I OR PART 2)
	22a I certify that I taak charge death resulted fram: Natura		TITLE (SPECIFY)	Undetermined manner,	d in my opinion DATE SIGNED TO SELECT
1	EXAMINER'S NAME (TYPE OR PRINT)	ey 2 / Februberg 1	ADDRESS	E. Chase De	2002
	736.BURIAL, CREMATION, REMOVAL 73 Burial	7-31-84 Garrison	Forest Vet. Cem	23d LOCATION CITY OR TOWN etery Garriso	on Balto. Md.
	8728 Liberty Road	Byers Funeral Direct Randallstown Mary	vland 21133.	C'D. BY REGISTRAR 1236 REGI	ISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

BP_

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

N.	1-	FOR STATE REGISTRAR	b per	CALL WI	FH. DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		i. NO.	8 0	3	0
I		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOU	R
ı			DR, NO	ORMAN	JEROME		CHAPIN	JULY	1, 198		9:30	
- [3 SEX	(4 RACE		5. DATE C		6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER	24 HRS MIN.
- 1		MALE		WHI		FEBRU	JARY 11,1927	57	YRS			
7		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	XX NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
7		NEW JERS		U.S.A		WIDOWE	DR OTHER INSTITUTION	BALTIM 120 USUAL OCCUI	ORE COU		SE DUICINIE	MD.
20	IV. CI	TY OR TOWN OF	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]		TYPE OF WORK FOR MO				
~		ALTIMORE	HERSING HOME O		HOLLOW CT		208	DENTIST		DENT	ISTRY	
5	13e. S	TATE	13h COU	NTY	13c. CITY OR TOW	V	13d. INSIDE CITY LIMITS?	13e.STREET ADDRE			•	4
9		THER'S NAME	BAL	TIMORE	BALTIMO	DRE	YES NO X	7 ELM HO	LLOW CI	. 2120	8	
21		FIRST	434	MIDDLE	LAST CYTA D TA	·	FIRST	MIDD	-	MOCHIVE		
- 10	16a W	WILLI /AS DECEASED EV		RMED FORCES?	CHAP IN		RENA 17 INFORMANT	M.	DRESS	MOSHKE	VICH	
1	[A	ES, NO OR UNKNOWN	(IF YES, GI	ARMY	165 SOCIAL SECU 220 20	-0157		CHAPIN 7	EIM HOI	IOW CT	2120	10
					Ipe far (a), (b), and		MICO. TAULINE	CIPAT IN /	LLM HOL		MATE INTER	
- 1		PART I. DEATI	H WAS CAUSI	D BY:	Respe	at an	- failer	R		BETWEEN	UNSET AND	DEATH
	DUE TO, OB-AS A CONSEQUENCE OF											
- 1		Conditions, if o		((b) C	AS A CONSEQUE	Ne//	differentiate	ed Lyn	phom	9		
		gave rise to couse (a), st	immediate ating the	DUE TO O	r as a conseque	NCE OF			•			
		underlying co	use last	(c)								
	_	PART 2. OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0	
	10 10	15:14	Rog	pleur		USW		tes				
	ICA	19a DATE OF OPE	RATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES	NGS USEC S OF DEAT	H?
-	CERTIFICATION	71a. ACCIDENT WAS	UNDERLYING F	7 216. TIME O	SE INTITION		11. HOW INTURY OCCUP	YES NO		- Lund	NO [
Ω		OR CONTRIBUTING			M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)		
7	MEDICAL	116 INJURY OCC		R) P. 21e PLACE		19	211 LOCATION					
	ME	WHILE NO	T WHILE	(AT HOME ST	REET FACTORY OFFICE, F.	ARM ETC)	STREET	CHY	PRIOWN	COUNTY	5	TATE
		22a.l certify that	WORK	ital) attended th	a decorred from	ma	76h 108	1 . 14/1		10 8 67	that (I) (v	un\ last
		,		view the bady		n and	nd that in (my) (aur) apinion	death occurred an th	e date and hou			,
		22b. SIGNATURE		n) view the bady	ofter death.	-0	DEGREE AND			22t. DALE	SIGNED	
1		10	maa	~	- Cen	1	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF	7/2	to	1
+		22d PHYSICIAN'S		OR PRINT)	-	7	22e ADDRESS	_ DIRECTOR _ FH	ISICIAIA	40	70	
-8		DR T	HOMAS	TEHFEL.	0		UNIVERSIT	Y HOSPITAI				
	23e B	URIAL CREMATIC			23€. №	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	B	SURIAL		7/3/8	84 B	LTIMO	ORE HEBREW CE	M REISTERS		LTIMOR	E MAR	YLAN
	24 FL	INERAL DIRECTOR	SOL L	EVINSON	& BROS.	INC	250 DA	TE REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNA	TURE	A AMELIA
	60	10 REIST	ERSTOW	N RD. BA	LTIMORE,	IARÝLA	AND 21215	6 4001	Alia Day	idson-Ra	ndelic	



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m y etained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, plas should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after de with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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FOR STATE

STATE OF MARYLAND

Baltimore, Md

Leonard J. Ruck Inc.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8

	REGISTRAR				CERTIF	ICAIL OI DEATH	REG. NO	Э.			
	CEASED NAME	FIRST	A	AIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
ILIPE	E OR PRINT)	Emma	S.	Char]	Lton		July 6, 19	984		3:15 a	
. SE	x	4	RACE	D 175	5. DATE C		& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
/	Female		whit	te	De	C 28,1902 YEAR	81	YRS.	NTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		F DEATH		
	Maryland	SE 13	U.S	.A.	WIDOWE	D NEVER MARRIED DIVORCED		County		WD	
	Rossvi 1		1. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Ret. Seams	ON F WORKING LIFE)		OF BUSINESS OR	
USU. 13a M	AL RESIDENCE (# N STATE aryland	13b. COUNT	THER INSTITUTION,	SALE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	3102 Gibbo		nue 21	1214	
14. F/	ATHER'S NAME Reinhai		DD1E	Schulze	•	15. MOTHER'S MAIDEN N	Sop h ie H	erche	LAS	ST	
	WAS DECEASED EV		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE			21214	
	No.	(W TES, GIVE	WAR OR DATES	215-18-5	5271	Mrs. Margar	et C Powers	3102 G	ibbons	a Ave	
	18. CAUSE OF DE PART I. DEATH		BETWEEN	OMSET AND DEATH							
NO	PART 2. OTHER S		ONDITIONS CO	INTRIBUTING TO	DEATH BUT		rosclerosis RMINAL DISEASE OR CON L Atheroscler		N IN PART 1	a.	
MEDICAL CERTIFICATION	19a DATE OF OPE					N WAS PERFORMED 200 AUTOPSY? 206.			FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO		
AL CER	21a. ACCIDENT WAS OR CONTRIBUTING (CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM TO PAR	T 1 OR PART 2)		
MEDIC	21d. INJURY OCC	URRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wń	COUNTY	STATE	
	270.1 certify that (w(this haspital) attended the deceased from JUV 4, 1984, ta JUIV 6, 1984, that w (we) last sow the deceased alive an JUIV 6, 1984, and that in (w(a) opinion death occurred on the date and haur and from the causes stated obove, w(we) (did) (dig from view the body after death.										
	27% SIGNATURE VENULY M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								7 DATE	6/84	
	22d PHYSICIAN'S	VEM	URY	M .:	D.	9000 Fra	anklin Square	Drive	2.	1237	
	BURIAL, CREMATIC (SPECIFY) Burial		236. DATE 7/9/8			emetery or cremator	Baltin	ore, M	COUNTY	STATE	
24 F	UNERAL DIRECTOR	1		ADDRESS		111	ATE REC'D. BY REGISTRAR		AR'S SIGNA	A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Leonard .	T T		Baltimor							

DHMH - 16 50M 4/83 (VRA 15, 4)

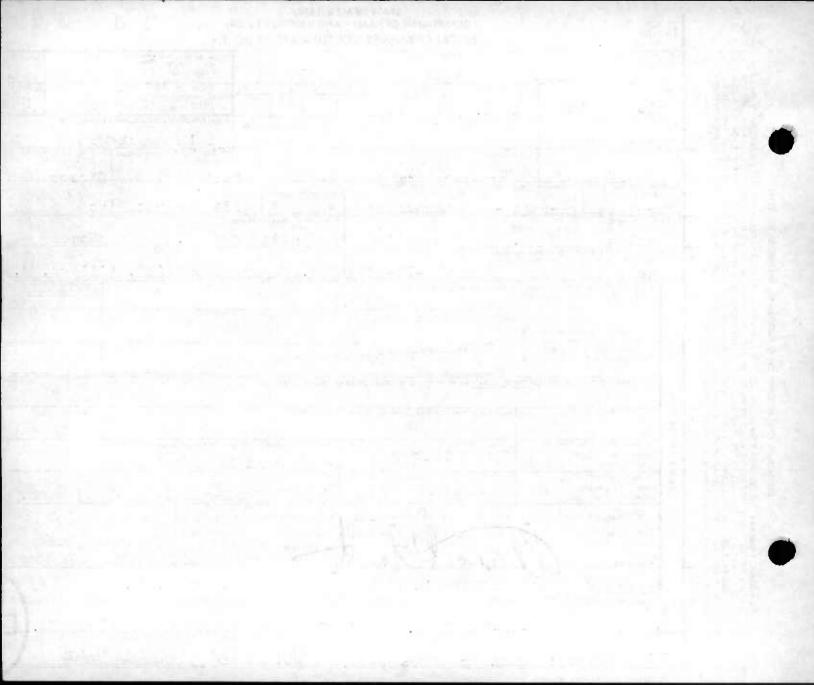
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MPORTANT: If Hem 21 is morked or them 18 shows ony injury, ar other troumatic event,

ninoment in a la maria a la la companie de la compa Hard T.

20M 4/B2

	FOR STATE			DEPARTMENT C	F HEALTH	AARYLAND HAND MENTAL H		1 8	0	3	2
	REGISTRAR		ME		INER'S	CERTIFICATE O	F DEATH REG. N	Ю.			
	CEASED NAME OR PRINT)	E FIRST		WIDDIE		LAST	OF ESTI-	X MONTH	DAY	YEAR	26. HOUR
		Wilbu	r	Eugene	C	henowith	DEATH MATED	7	201	9 84	٨
3 SEX	(4. RACE	5 DATE OF BIRTH	6. AGE (I		DER 1 YR. IF UNDER	24 HRS 2c. DATE PRONOUNCED	MONTH	DAY	YEAR	2d HOUR
Ma	ale	White	2 27		7YRS.	NS DATS HOURS	DEAD	7	201	9 84	10:2
	RTHPLACE (S	STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARR	IED NEVER MARRI	ED BALTIMORE CITY	OR COUN	TY OF DE	ATH	
Pe	ennsvl	vania /	USA		WIDOV	VED DIVORCE					M
10. CI	TY OR TOWN	OF DEATH		SPITAL, NURSING HO		IER INSTITUTION	12a USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	PE OF WORK	12b. KIND	D OF BUI	SINESS
	Parkto:		Beckley	sville Ro	ad		Mechanic			a ne	
USUA 13a. S		(IF IN NURSIN HOME O		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			211	03
	rylar	1 1		Manches		YES NO	4334 Hanov	er P	ike *	211	UM
14. FA	THER'S NAM	E	744		VUL	15. MOTHER'S MAIDE					
CI	harles	3	J.	Chenowi	th	Gloria			Jo	nes	
160. V	VAS DECEASE	D EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDRES	S	- 00	,,,,,	
(1)	D O	OWN) (IF YES, GIVE	WAR OR DATES)	212-72	-5044	Mr Jos	eph_Chenowi	th	Mil1	ers	Md.
		OF DEATH (Enter on	ly one couse per line	e for (a), (b), and (c).)		111: 303	con_cnenow1	510	APPI	ROXIMATE	INTERVAL
	PARTID	EATH WAS CAUSED	DBY:	ranio cere		rauma			BETWE	EN ONSET	AND DEATH
-	DUE TO, OR AS A CONSEQUENCE OF										
and the same		ons, if any, which									
		ise to immediate) stating the <u>under-</u>	DUE TO, OR	R AS A CONSEQUEN	CE OF						
	lying ca	use last.	(0)								
	PART 2 OTHER S	IGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)				
MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDI	ITION FOR WHICH O	PERATION W	/AS PERFORMED?			20. AU	JTOPSY?	
FIC									VE	s X	№ П
ERT	21a. EXTERN	AL CAUSE WAS	21b. TIME O		21c. H	OW INJURY OCCURRE	D JENTER NATURE OF INJURY IN ITEM 1	3 PART 1 OR F	_	O REJ	110
ALC	UNDERLYING	G 🛣 OR ING 🗌 CAUSE OF I		7 20 19		iver in mul	ltiple vehicle	impa	ct		
DIC	71d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOM	E, 21f. LO	CATION	reipie veniere	шра	-		
E	WHILE AT WORK	NOT WHILE X	STREET, FAC	street		kleysville	Rd, Parkton,		lto.,		Md.
	220 I cert	ify that I took charg	e of the remains de	scribed obgve, held o	in Autop	sy X, Inspection	n . Inquiry	ind in my c	pinion		
)	death resul	ted from: Natur	of our	Ancident IX	Buicide _	Hamicide .	Undetermined manner	,			
	1/1 - 1/4 AME(SPECIFY)										
	ACTUAL SIGNATURE	-	Deputy Chief EDICAL EXAMINER SIGNED 7/21/84								84
	EXAMINER'S	NAME Tho	mas D. Sn	mith, M.D.	7	111 Per	nn St. Balto.	MD.			
23a Bi		TION, REMOVAL 2	3b DATE	173r NAME OF	CEMETERY C	ADDRESS	23d. LOCATION				
(5	urial		7-23-84		eter		CITY OR TOWN	_	al to	ST/	d.
	UNERAL DIRE	CTOR			CLEI				SIGNATU		W. e
F	line	Fun on a 1	ADDRES:	s Hamostes	1 101	EHH	26 1984 1	inda.	Band	.00	à
-	- 111C	TAILETUT	none, r	Id HIDS TESM	u Mo	TVUL.		NY A HOUSE			



death. Page 4 may be

inding physician and completely filled in by the corbanpapers. Pages 1 and 2 should be litted in

injury, ar other traumotic event, the medical

shauld be detoched far use as the burial-transit permit. Then please remove corbonpape with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, or removal

MPORTANT: If Hem 21 is marked ar Item 18 shows any

STATE OF MARYLAND

IE	8	6.3	1	8	J	

1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0		
	CEASED NAME	Floyd W.	Churn	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
3. SE	Х	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
I	Male	Caucas	ian	July	7 12 1913	71	YRS.	DATS	HOURS MIN.
3	RTHPLACE (STATE OR FI	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DE DIVORCED	Baltimore City C		ATH	MD
F	Randallstown	Baltin	ore County (enera	L Hospital	17a USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 12b. F WORKING LIFE) IND	KIND OF USTRY	F BUSINESS OR
130.5		NG HOME OR OTHER INSTITUTION 13b. COUNTY Raltinore	136. CITY OR TOWN Baltinos	1	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	zip code		21207
	ATHER'S NAME FIRST VILLIAM E. Ch	MIDDIE	LAST		15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE		LAST	
160	DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b SQC141 SECUE	924	™™Mrs. Eve 3505 Meadowd	lyn Churr ^{DDR} ale Drive	ss Baltimore		
	PART I. DEATH W	DUE TO, C which (b)_	Cercho U	NCE OF 224	elen acció	deut.	8	4 d	MATE INTERVAL MASET AND DEATH OLYD.
CERTIFICATION	PART 2 OTHER SIGN	_			NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE	FINDIN	IGS USED
ERTIFIC	7/12/1	1 -0		Id o	216 HOW INJURY OCCUR	TES LI NOIE	IN CERTIFYING C		NO [
MEDICAL C	OR CONTRIBUTING C	AUSE OF DEATH HOUR A	.M. MONTH DA	Y YEAR		KED (ENTER NATURE OF 1970	RT IN IIEM TO PART I ON	- ARI 2)	
MED	WHILE NOT WHAT WORK	ILE THOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET	CITY OR TO	WN CO	UNIY	STATE
	sow the decease	(this hospital) attended the dolive on 7/18	19 <u>8</u>	7/6 4 , or	nd that in (my) (our) opinion	death occurred on the d		om the c	
	276 SIGNATURE	mllan	~		DEGREE ATTENDING	MEDICAL STA		7/1	8/84

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

230 SUBLIC CREMATION, REMOVAL

Woodlawn Cenetery or Crematory

22e ADDRESS

Woodlawn

122 SLADE AUE

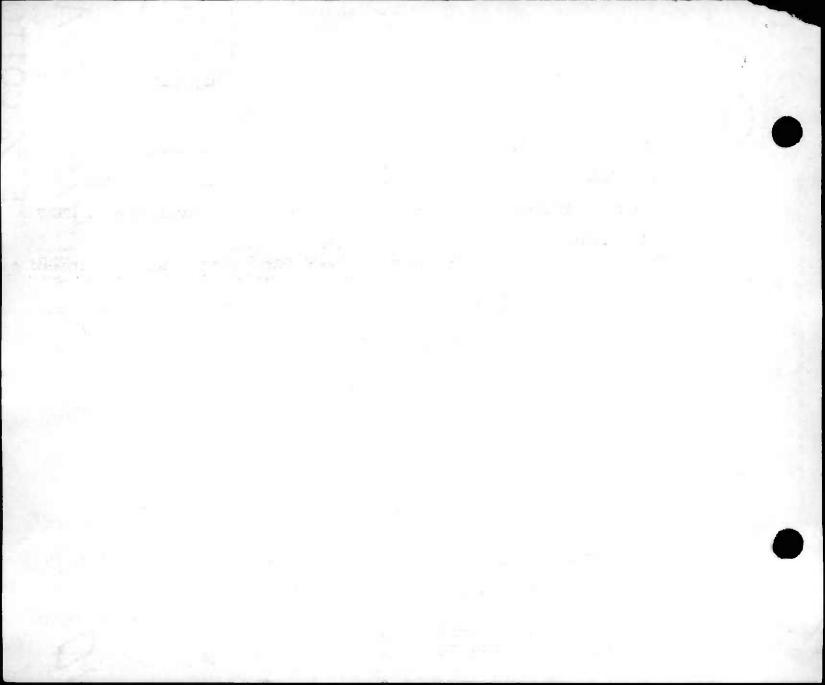
Baltimore Maryland

Ioring Byers Fineral Directors, Inc. 8728 Liberty Road Randallstown, Manyland 21133

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

.1111 2 5 1984 JUL 2 5 1984

BALTO, MD.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR

CERTIFICATE OF DEATH

0 3 4 8

	112 010 1111 111	St.						REG. I					
	ECEASED NAME	FIRST		MIDDLE	1	AST		2a. DATE OF DEATH	MONTH	DAY YE	AR	26 HOU	
(31)	PE OR PRINT)	ELME	R	E	C	LARK		7	7	3 84	1.	5	PM
3. SE	EX		4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I	YEAR	IF UNDER	24 HRS
	M		W		MONTH	DAY	YEAR	15		MONTHS	DAYS	HOURS	MIN,
100	1				O O	,14	19	600	YRS				
70. 8	COUNTRY)	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTS	MARRIEI	NEVERA	ARRIED -	9 BALTIMORE CITY	-		- 4		
1	MARYL	DND	U.	. A. 2	WIDOWE		ORCED	BALTI	D. CU	TWILL	7		MD.
10. 0	ITY OR TOWN OF			HOSPITAL, NUR		OR OTHER INST	ITUTION	120 USUAL OCCUPA				BUSINE	SSOR
1	Towson		57.5	SEPH	405P	ITAL		Ret. Mach			STRY		
	JAL RESIDENCE (#	NURSING HOME OR		GIVE RESIDENCE BE		1 13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	/ 7IP CO	IDE			
	Md.	Balt		Balto		YES [NO 🔯	8525 Oak		21234			
14. F	ATHER'S NAME	1 -01 0					MAIDEN NAM			1 - 7 1			
1	FIRST		AIDDLE	LAST			FIRST	MIDDLE			LAST		
A	Elmer	E.		Clark		Kathe				imbal	1		
	WAS DECEASED E		MED FORCES?	166. SOCIAL SI	ECURITY NO.	17. INFORMA	NT	ADD	RESS				
10	No	1 1 163, 0146	WAR ON DATES	218-07	-8030	Marie I	Dorothy	Clark, Sa	me as	13e			
H	1	54711.5									PPROXIM	ATE INTER	IAVE
	PART I. DEAT	H WAS CAUSE	BY:	line for (0), (b),	, and (C), I	34	11-4	(= ·).		BETY	WEEN ON	VLC	
		IMMEDIAT	E CAUSE (o)		lang	enve	Hear	V avaire	-			7	
			DUE TO, O	R AS A CONSE	OUENCE OF	A = (000	4		271	?		
	Conditions, if	ony, which	((b)		Mer	ocardist	Jupan	chon)	yrs	
1	gove rise to		3		-		10				- 30	7	
		ouse lost.	DUE 10, O	R AS A CONSE	QUENCE OF	O	1 ()	PROM		20	V	2	
10			(c)		Conc	man a	<u> </u>	7-7-			-		
Z	PART 2. OTHER	SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION C	SIVEN IN PA	RITIO		
CERTIFICATION		I I E											
1 3	19a DATE OF OP	ERATION	1% COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	70a AUTOPSY?		YES, WERE F			
E								YES NO	100	YES [NO [
1 %	210. ACCIDENT WA	S UNDERLYING			The state	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN	IURY IN ITEM T	8 PART LORPA	RT 2)		
		CAUSE OF DEA	In .	M. MONTH		EX.							
1 S	21d. INJURY OC	MEDICAL EXAMINER	_	M.	19	711. LOCATIO	144						
MEDICAL				OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY OR	OWN	COUN	ITY	S	STATE
1	AT WORK A	OT WHILE				13/10/				1	534		3119
	72a.1 certify the	ot (I) (this hospit	ol) attended th	e deceased fro	m		, 19	to		_, 19	th	not (I) (v	we) lost
		ceased alive on.		19	9, or	nd that in (my)	(our) opinion de	eath occurred on the	date and h	our and from	m the co	ouses sto	oted
	726 SIGNATURE	ve) (did) (did not	l) view the body	offer death.		DEGREE				276	DATE S	IGNED.	
100	The Stort Willows		Da PV	است		4	TTENDING	MEDICAL ST	AFF	4	7/	2/	201
		C		WW	-			DIRECTOR PHYS	ICIAN [1	-/(3 /
	274 PHYSICIAN	S NAME LIVE OF	RPRINT			22e. ADDRES		017		201		/	
	Cake	NILI	th, M	0.		7620	york	1 / Car	2 hu	me	1/1	·ox	
23a.	BURIAL, CREMATE	ON, REMOVAL	23b. DATE	1 7	3c. NAME OF C	EMETERY OR C	REMATORY	236 LOCATION					
	Buria.		7-6-8		Parkw			CITY OF TOWN	Ma	COUNTY		5	TATE
74	FUNERAL DIRECTO		1	1	TOTIVA	oou	I 25a DATE	Balto.		ISTDAD'S CH	CNAT	OE.	
13	NAME			ADDRE:	SS	4-14-1	ZJU DATE	REC D. BI REGISTRA		ha David			1.00
	Leonard	. Ruck	, Inc.,	5505 Ha	rford R	d.		JL 5 198	4 /1	W HAW	CONT.	Mario	-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 71 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

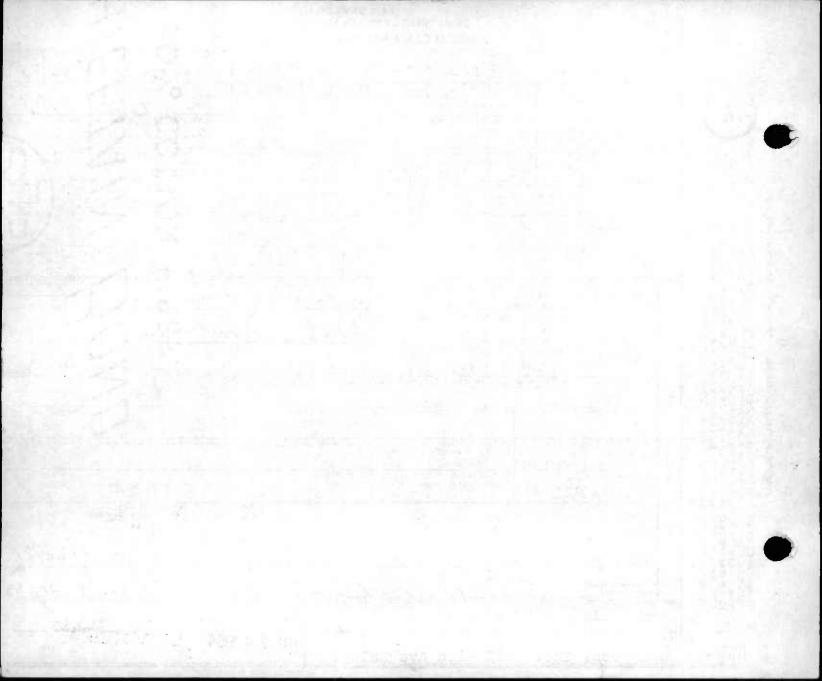
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician

	biana.		M BINU.	
				N. Fari
Charles Cardy		.A.L		L-VAAM
	4			
8525 vois No. 21230		.offel	Hol. Lo.	. IW.
Elebell		Clark		1155
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-	Y DELA	AIN PA	LD BE FI	DRDS, 2	6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	IF AN	3. RET	SHOU	AL RECC	1
DRE, M	DEATH	M PM	AND	OFWI	7
ALTIM	AFTER	TH FOR	AGES 1	/ISION	
V ST., B	HOURS	NG WI	RMIT. F	NE, DIV	-
RESTO	HIN 24	R ALO	NSIT PE	HYGIE	EMOVA
1 W. P	ED WIT	AMINE	IL-TRA	WENTA	J. OR R
RDS, 20	EXECUT NG: IN	S S	A BURIA	1 AND	WATION
L RECO	ULD BE	F MED	ED AS A	HEALTH	AL CRE
FVITA	TE SHO	E CHIE	SO BE OS	ENTOF	D BURIA
SIONO	STIFICA THE	101	SHOUL	PARTM	RIOR TO
DIVE	HIS CER	ARDEC	AGE 3	ATE DE	21201 PI
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NICESCATED THE THE THE THE THE PAIN THE THE PAIN THE THE THE PAIN THE	E FORY	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, MITHING	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W	SALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	EXAM	VILD BL	L DIREC	1, WITH	MARYL
	EDICAL	4 SHC	NERAL	PEATH	MORE.
	NO W	PAGE	TO FL	AFTER	SALTI

	-	500					ARYLAND		_(3_	I O	2. (3.	
-	11-	FOR STATE REGISTRAR			EPARTMENT O				EATH	1 0	J J	3	
	1. DE	CEASED NAME	FIRST	77120	MIDDLE		LAST	A C A	20. DATE KNOV	EG. NO.	DAY YES	26_HOUR	
20 X X X X X	(TYP	E OR PRINT)	ARY	ELI	ZABE	74	CLF	HKK	OF EST DEATH MAT	ED A 7	-19 1984	4 6.00 A M	
NEETS .	3. SE			ATE OF BIRTH	6. AGE (IN		DER 1 YR. IF	UNDER 24 H	PRONOUNCED	MONTH	DAY YEA	14 HOUR	
ESTED.		RTHPLACE (STATE OR		ITIZEN OF WH		YRS.			DEAD 7 20 MACHINE CITY OR COUNTY OF DEATH				
SEE		ew Hamps		MARRIED LI NEVER MARRIED L						Baltimore County MD			
JEEP, SE STANDER SE ST	10_C	TY OR TOWN OF DE			PITAL, NURSING HO	ME, OR OTH			USUAL OCCUPATION FOR MOST OF WORKING LIN	N (TYPE OF WORK			
PA P		Dundalk		18 Bri	Larwood :	Road	21222		Housewi	fe	OK IIVDO	JIKI	
ANY E ANY E RETAIN HOULD RECORD	130. SMB 13BSPLET		BSTUIN	other institution, give residence before admission] imore 13c. Chundalk 13d. Inside (ITY LIMITS? 13e. 13e			13e. STREET ADDRESS 118 Briarwood Rd. 21222						
PM 3. PM 3. ND 2 St	14. F/	ATHER'S NAME FIRSOrin	MIC	OLE	^{LA} Dra	k.e	15 MOTHER'S				LAST		
PAGES 1. PAGES 1. PAGES 1. PAGES 1. PAGES 1.	160 V	VAS DECEASED EVE	RINUS ARMED	FORCES?			17 INFORMA		Not Know				
JRS AFTER 8. GIVE PV WITH FOI T. PAGES DIVISION	, (X	NO, OR UNKNOWN)	(IF YES, GIVE WAR C	PROATES)	16b. SOCIAL SECUE 002-10	-9315	D Pai	ul H.	Clark 3		lsford D 2122		
MIT. F		18 CAUSE OF DEA PART I DEATH V	TH (Enter only on VAS CAUSED BY:	couse per line	or (o), (b), food (c).)	M	C-20	4:0	July	ction	APPROXIM BETWEEN ON	ATE INTERVAL	
ALON ALON T PER 7GIEN			IMMEDIATE CA		AS A CONSEQUENCE	E OF	1.	Λ		0/1010	7, 7		
AAL H		Conditions, if gove rise to		(b) Cl	ronce	AR	seti.	_ /	nenry	sun,	1	9715	
UTED W IN PEN EXAMIL RIAL - TR D MENT ON, OR		couse (o) statin	g the <u>under</u>	DUE TO, OR A	AS A CONSEQUENC	E OF	dioc	ese	letal at	ferio.	elesso	24	
ULD BE EXECTED WITH MEDING THE AS A BUT A A B	N N	PART 2 OTNER SIGNIFICA	NT CONDITIONS CONTR	IBUTING TO DEATH D	UT NOT RELATED TO THE T	ERMINAL OISEASE	OR CONDITION GI	VEN IN PART 1 to	J				
ALEA A	SATE OF	190. DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENIER NATURE OF							20 AUTOPS	SY?	
SHO NORD NORD NORD NORD NORD NORD NORD NOR	E	21e EXTERNAL CAI	ISE WAS							YES NO			
3 THE WORLD THE CHOULD BE ARTHMENT	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT	HOUR A.M. P.M.	MONTH DAY YE	AR ZIC HC	W INJURY OF	CORRED IS	VIER NATURE OF INJURY IN	ITEM 18 PART 1 OR?	ART 2)		
WRITING WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY OCCU WHILE NO AT WORK AT		21e PLACE O STREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)		REET		CITY OR TOWN	c	OUNTY	STATE	
War		220. I certify tho	I took charge of	he remains desc	ribed above held on	Autops	y 🔲, Ir	spection 🕅	Inquiry .	ond in my	pinion		
STIFIC STIFIC SECTOR		deoth resulted fro	m: Notoral do	uses 🔼 .	Accident	Suicide	Homicide	4	ndetermined monner	□.	,	1	
CAL EXA THE CER SHOULD SHOULD SATH, WI		ACTUAL SIGNATURE	PHL	1/2n		M.	D. De	D. La	MEDICAL EXAMINER	DATE		0/84	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI MAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE: BALTIMORE, MARYLAND		EXAMINER'S NAME (TYPE OR PRINT)	K.5	AH	LUWA	UA.	DDRESS 2	1120	undelk	AUB	Mr.	2/222	
Bb———	23a.B	urial, cremation, Crematic	n 236 7	721/84	23c. NAME OF C		CREMATOR	al	LOCATION CITY OR TOWN Baltim	ore.	Maryla	STATE	
DHMH-17	24. F	UNERAL DIRECTOR		ADDRESS			250	PATEZECA		REGISTRARS	SIGNATURE		
(VR A15 ME (5)) 15M 2/80	Du	da-Ruck,	Inc.		ise Ave	Balto	. MD	21222					



/ 1	/					STAT	E OF MARYLAND)		-	0 0	7 6
	1.	FOR STATE			DEPAR		EALTH AND MEN		HENE O 4	1	0 0	3 0
7		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE		AST	•	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	LIVE	M (ingane	+ 1	Elise		lautic	e	Ju	142	5 1984	150pm
	3 SE		0 4	RACE		S. DATE (YEAR	6 AGE (IN YEARS LAST BE	THD()	MONTHS DAYS	HOURS MIN.
		Female		Whit	е	Sept.	23 1	911	72	YRS		
1	7a. BI	RTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MAR	PIED 🗆	9 BALTIMORE CITY	R COUNTY	OF DEATH	
/		Maryland	i l	US	A	WIDOW			Balt	Imor	e Co	Unty MD
1	10. CI	TY OR TOWN OF DE	ATH 11		HOSPITAL, NURS		OR OTHER INSTITU	TION	128 USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS OR
	To	w Son. 1	md	St	e lla i	Mak	is Hose	orce	Homemal		-	
1	USU	AL RESIDENCE (IF NU	ISING HOME OF OTH		GIVE RESIDENCE BEFO		113d. INSIDE CITY	LIAAITCO	13e STREET ADDRESS	/ 7IB CODE		
1		arvland	Baltin		Towso			D 🗔	2300 Dula			Rd 212
		THER'S NAME					15. MOTHER'S MA		ME			
/		FIRST	Alh	ert	Guntl	ner	Eliza	heth	MIDDLE		OIC	onnor
		VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166 SOCIAL SEC		17 INFORMANT	D COLL	ADDR	ESS		0111101
	(NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	215-74	-1526	Elise P	olek	, 10711 La	kesnr	ing Wa	v 21030
١	_	18 CAUSE OF DEA	TM (Catal call)				_ LLIGG I	Ozett	, 10,11 ,20	.ccopz		ONSET AND DEATH
		PART I. DEATH			1 - 12.	ste 1	nuocar	dial	Infart	100		
			IMMEDIATE (AUSE (U)			Transfer Ca.	2-11-0-1				
				DUE TO, C	R AS A CONSEO	UENCE OF	/	2				
		Conditions, if on		(b)_	ARTE	riuse	lenotic (andi	ovascular '	Disea	Se	
		gave rise to in cause (a), stat	ing the "	DUE TO, O	R AS A CONSEO	UENCE OF						
		underlying caus	e last	(c)_			Miles -	1				
		PART 2. OTHER SIG	ENIFICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
	CERTIFICATION											
4	CAI	198 DATE OF OPER	ATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		S, WERE FINDI	
	TIFI								YES NO		S 🗆	NO [
P	CER	210. ACCIDENT WAS U		21b. TIME C		DAV VEAD	21c. HOW INJUR	Y OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	-
	A	OR CONTRIBUTING			M.	19						
	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION				COUNTY	STATE
	¥	WHILE NOT V	VHILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM ETC }	STREET		CITY OR TO)WN	COUNTY	SIAIS
		22s I certify that (attanded th	o deceased from	Tol	lu \	10 8	3 . Julu	25	10 84	that (I) (we) last
		saw the decen	sed alive on	July	20 10	Cil	nd that in (my) (au		death occurred on the d	ote and hou		
		above, (1) (we)	(did) (did not) v	iew the bod	ofter death.	-		, opo	To the control of the c	are and mae		
		22b. SIGNATURE	KHO	wel	nor	.ma		NDING SICIAN	MEDICAL STA		7/2 DATE	35/84
ī		224 PHYSICIAN'S	AME (TYPE OR PR	INT)			22e. ADDRESS			1		, ,
		Kend	all F	ault	kner i	n.D.	Ste	lla	Maris	Ho	Spice	
	23e. E	BURIAL, CREMATION	, REMOVAL	736 DATE	0.000		EMETERY OR CRE		23d. LOCATION CITY OF TOWN		COUNTY	STATE
	1	Burial	112/	7/28/	84 N	ew Ca	thedral (Cem.	Balto.	City		Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

owell Lemmon, 10 W. Padonia Rd

em. Balto. City
130 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Julia Davidson Brotane

1191 25 1 25 1 e gir laid and text of the second second and the second Carson Comments and Carson Como 5 TO THE STATE OF THE PARTY OF TH page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medica

MPORTANT: If them 21 is morked ar them 18 shaws any

within 24 hours after death. Page 4 may be

Y		•					OF MARYL			k.	1	8 0	3 7
	1-	FOR STATE REGISTRAR AN	ITA RU	SSELL (COADY		ICATE OF I	MENTAL HYGII DEATH		REG. NO.		0 0	
ч		EASED NAME	FIRST		AIDDLE	1	AST		20. DATE OF DE		ONTH DA	AY YEAR	26 HOUR
	(TYPE	ANITA		2 (MAD	V					7-9	-84	500
V	3. SEX	1/0 1/1-	14.	RACE	UITU	5. DATE C	F BIRTH		& AGE (IN YEARS	LAST BIRTH	DAY) I	FUNDER I YEAR	IF UNDER 24 HRS
١	F	00001	2	Whit	,	MONTH	DAY	94	90			ONTHS DAYS	HOURS MIN.
1	7a BIF	RTHPLACE ISTATEORE	FOREIGN 7h		WHAT COUNTRY?	8.			9 BALTIMORE	CITY OR	COUNTY C	OF DEATH	
		OUNTRY)	1	//	5-A.	MARRIEI	NEVER	VORCED	Rain	mo		Cours	t1 40
-	10. CI	TY OR TOWN OF DEA	ATH 1	I. NAME OF H	OSPITAL, NURSIN		- V-A	400	12a USUAL OCC	A . A .			OF BUSINESS OR
)		Towson	/	SIF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	-:-	Hospie	TYPE OF WORK FOR	-	NORKING LIFE	Own	Uome
1	USUA	AL RESIDENCE (IF NURS	SING HOME OR OT	THER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	-13	Hospice		111		LOWII	21207
5	13a. S	TATE	136 COUNT		13 CITY OR TOW	N	13d. INSIDE C		13 STREET ADD	W 6	1 /	m - 1	1
4	JA FA	THER'S NAME	ратс	imore	DUL +	-0	,	MAIDEN NAM	1629	Mir	KWC	JU a	Road
	1	FIRST		DOLE	P. LAST	4.1	is morrer	FIRST	M	IDDLE		Darrau	ah
4	14- 14	AS DECEASED EVER	E	-	TUSSE	IDITY NO	17 INFORMA	Mary	Lore				0
		ES. NO OR UNKNOWN]		WAR OR DATES	219-10-	-			1	629	Kirkw	ood Ro	ad
		110					Edwa	d R. Co	pady 13	alti	more,	Md. 2	
		PART I. DE ATH W	H (Enter only /AS CAUSED	one couse per BY:	line for (o), (b), on	d (ci.)	1	1 1100				BETWEEN	MATE INTERVAL ONSET AND DEATH
			IMMEDIATE	CAUSE (0)	CAN	= /	· of	KUNC	9				
				DUE TO, O	R AS A CONSEQUE		CANIL	D.1.		Die	000 5	100	
	,TQ	Conditions, if any		(b) C	HRUNIC	(YK	GANIC	מועד	ronary	Priz	RUSE	-	
		couse (o), statir underlying couse		DUE TO, OI	R AS A CONSEQUI	ENCE OF						1	
				(c)									
9	z	PART 2 OTHER SIGI	NIFICANT CO	NDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE O	RCOND	ITION GIVE	N IN PART 11	0.
-4	CERTIFICATION	19a, DATE OF OPERA	TION	TIBL COND	TION FOR WHICH	OBERATIO	NI MAY A C DEDEC	DAAED	20a AUTOPS	v2	20h IF VES	WERE FINDI	NGS LISED
3	J.	196. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	IN WAS PERIC	KMED			IN CERTIFY	ING CAUSES	OF DEATH?
1	ERT	210. ACCIDENT WAS UNI	DERLYING	21b. TIME O	F IN HIRY		121/ HOW IN	HIRY OCCUPE	YES N	OF INITIARY	YES		NO []
1		OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR	21t. 110 W II	JONI OCCORNI	LD (ENIERNATURE	OF INJURY	INTEM IS PA	KI I OR PART 23	
	EDICAL	(IF EITHER, NOTIFY MEDI		P 21e. PLACE) 19	211 LOCATIO	201					
	MED	214 INJURY OCCUR			REET, FACTORY, OFFICE	ARM, ETC]	STREET		c	ITY OR TOW	N	COUNTY	STATE
		AT WORK AT WO	ORK C			12	111	00		7-1	,	911	
		220.1 certify that (1) saw the deceas		l) oftended th	e deceased from 19.0	84	d that is (my)	(5us) opinion d	eoth occurred o	a the det			that (I) (we) lost
		obove, (I) (we) (i		view the body	offer death.		DEGREE	(507) opinion di	com occorred o	ine doi	e one nour	22c. DATE	
		220. SIGNATURE			3			ATTENDING	MEDICAL	STAFF		M. DATE	D 01/
1		274 PHYSICANOS N	A AASTERVAN ON S	DOIN ITS			1220 ADDRES	PHYSICIAN [DIRECTOR Z	PHYSICI	AN []	1/-	1-84

231 NAME OF CEMETERY OR CREMATORY

COUNTY

STATE

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital ar attending ATTENDING

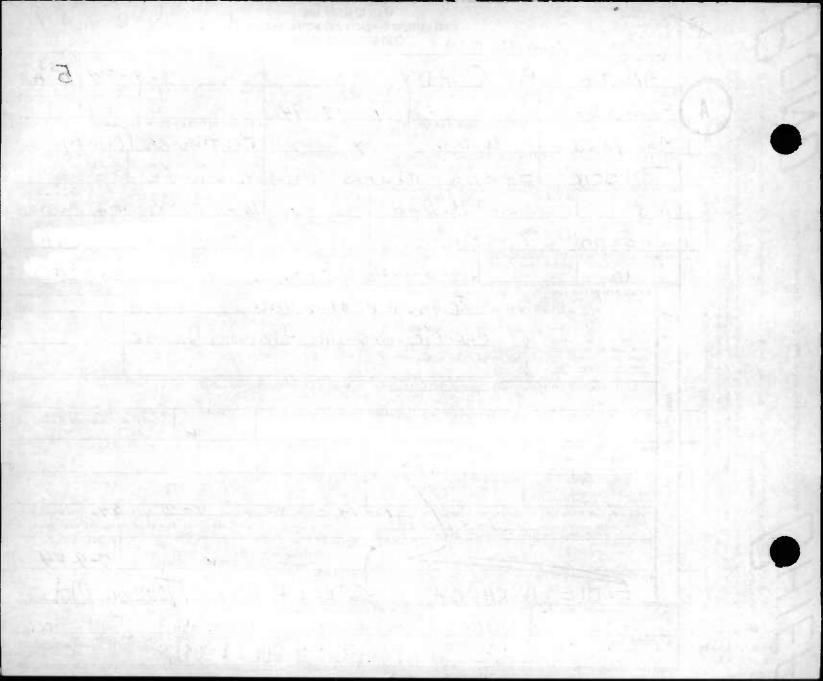
BP.

O HOSPITAL OR

23d LOCATION
CITY OR TOWN
Baltimore 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 7/11/84 New Cathedral TETON M. & Russell C. Witzke Euneral Home P.A. 1630 Edmondson Avenue, Catonsville, Md.21228 250 DATE REC'D BY REGISTRAR 256 REGISTRAR 9 SIGNATURE 1984

VAKHU

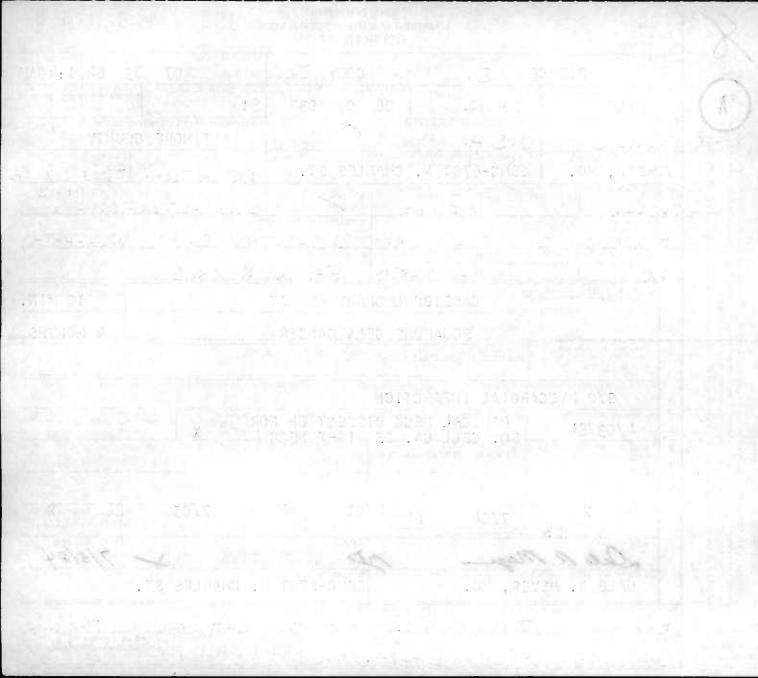
23b. DATE



REG. NO.											
	E E	CODY	JR.	26. DATE OF DEATH MON	05	YEAR 84	1:40AM				
LE	RACE	5. DATE OF BIRTH	03 ^{EAR}	6. AGE (IN YEARS LAST BIRTHDAY			HOURS MIN.				
	76. CITIZEN OF WHAT COUNTRY?						MD.				
				120. USUAL OCCUPATION THE OF WORK FOR MOST OF WO			BUSINESS OR				
DISTRAR PIERCE CODY R. DATE OF DEATH PIERCE CODY R. AGE INSTRUMENTATION OF BATH DOE 06 NO 03 NO 05 84 1:40 ALE LACE 13-JAT ORIONICO TA CITIZEN OF WHAT COUNTRY? MARRIED DISTRAR MARR	11213										
	MIDDLE COOP S	SR. SLIPABETH C. WEGFARTH									
	/E WAR OR DATES) -		m 30124	0							
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). CARD I BPULMONARY ARREST I O MIN.											
rise to immediate to), storing the	RECINIO RECORD IN ADDRESS OF BRITA MONTH DAY TEAM 28-HOLD FERRED OF BRITA MONTH DAY TEAM 28-HOLD	IONTHS									
S/P MYO	CARDIAL INFARC	TION			ON GIVEN IN	PART Ito					
/03/84	215. TIME OF INJURY CA	· OF RIGHT	NECK	YES NON	CERTIFYING YES	CAUSES C	OF DEATH?				
ER, NOTIFY MEDICAL EXAMINED URY OCCURRED NOT WHILE	P.M. 21e. PLACE OF INJURY	211. LOCATIO)N	CITY OF TOWN	CC	OUNTY	STATE				
rtify that X) (this hospi the deceased alive an ove, (I) (Xe) (did) XXd X	ital) attended the deceased from 19	, one mor in (my)			and hour and	from the co	ouses stated				
Jule R.	Mage	3D 1	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		7/5	184				
ALE R. ME	YER, MD.	GBMC-	6701		ST.						
, 22	236. DATE 231. N		5 Back	BALT MORE	2	MA					
S CHAP2L	OF MSMORISS H	8800 IARFORD ROAL		1 1 1984	REGINTRARIS La Javids	SIGNATURE	ndell.				
	PIERC LE LE LE LE LE LE LE LE LE L	PIERCE RACE WHATE E ISTATE OR FOREIGN TOWN OF DEATH ON, MD. ENCE I'B NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE EASED EVER IN U.S. ARMED FORCES? ISE OF DEATH (Enter only one couse per line lar to), to), one TI. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUE (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOE S / P MY O CAR DIAL INFARC E OF OPERATION FIRBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH HOME, STREET, FACTORY, OFFICE, F WHAT COUNTRY III. NAME OF HOSPITAL, NURSIN CAR DIAP DUE TO, OR AS A CONSEQUE (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOE S / P MY O CAR DIAL INFARC E OF OPERATION FIRBUTING CAUSE OF DEATH HOME, STREET, FACTORY, OFFICE, F OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOE OF AND I CAUSE OF DEATH HOME, STREET, FACTORY, OFFICE, F ONE, (II) (this hospital) ottended the deceased from over the deceased clive of the condition of the deceased of the condition o	NAME PIERCE CODY I RACE WHITE DISTRICT DEATH OF WHAT COUNTRY? III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 138. COUNTRY 138. CITY OR TOWN 139. MARRIED WHOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 138. INSIDE COUNTRY 138. CITY OR TOWN 138. CITY OR TOWN 138. CITY OR TOWN 138. CITY OR TOWN 139. MAME 145. MADDIE 1.AS1 EASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMATION, which rise to immediate 101. STORING 16 to immediate 101. STORING 17 to immediate 101. STORING 18 to immediate 18 to im	PIERCE CODY R. AMARE PIERCE CODY R. CODY	NAME PIERCE CODY R. 20 DATE OF DEATH MODE CODY R. 20 DATE OF DATE OF DATE CODY R. 20 DATE CODY R. 20 DATE CODY R. 20 DATE CODY R. 20 DATE COD	NAME PIERCE CODY R. 20 DATE OF BRITH OR 06" 05" BALTIMORE CITY OF COUNTRY OF	NAME PIERCE CODY R. DATE OF DEATH ADDRESS CODY R. AGE (INTIAD LAST BRIDGAY) PIERCE CODY R. AGE (INTIAD LAST BRIDGAY) BY DATE OF DEATH ADDRESS BY DATE OF DEATH ADDRESS BY DATE OF DEATH ADDRESS BY DATE OF DEATH BALT IMORE COUNTY DWO OF DEATH BALT IMORE COUNTY DWO OF DEATH BALT IMORE COUNTY DWO OF DEATH BALT IMORE COUNTY OF DEATH BALT IMORE COUNTY OF THE TARK INCORDANCE BALT IMORE COUNTY BALT IMORE COUNTY OF				

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

18038



	0. Pt.
	death
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours attending physician.
DIVISION OF VITAL	TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

oge 4 may be

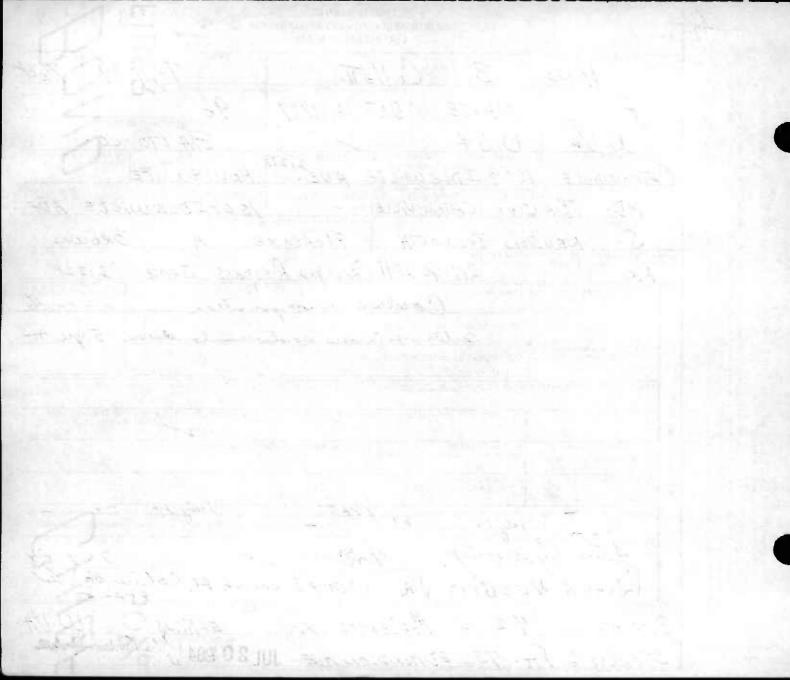
STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-/	REGISTRAR		CERTIFICATE OF DEA	ATH	REG. NO.	
	ECEASED NAME PIRST	B	C 1/511	2a DATE OF I	DEATH MONTH OA	YEAR IN HOUR
3. SE	EX E	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEAR	MC MC	FUNDER LYEAR IF UNDER 24 HOURS M
70. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8. MARRIED NEVER MA	RRIED 9 BALTIMOR	E CITY OR COUNTY C	OF DEATH
7 10. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWED DIVO	RCED	CCUPATION	176. KIND OF BUSINESS
10/	ATONSVILLE	1509 IDLE	WILDE AVE	TYPE DI WORK		INDUSTRY
	JAL RESIDENCE HE NURSING HOME OF STATE 136 COUN		USUILLE YES P N	0 1509	IDLE W	I'LDE AU
30 H. F	TATHER'S NAME	MIDDIE BOSILIS	15. MOTHER'S N	CANCE	MIDDLE A -	BROWN
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 1 IF YES, GIV	MED FORCES? 166 SOCIAL S VE WAR OR DATES) 211-4	0-2841 CAROLYA	RESDESS	ADDRESS SAME	21228
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b)), and (c).)	7		BETWEEN ONSET AND DEA
CERTIFICATION	PART 2 OTHER SIGNIFICANT (TO DEATH BUT NOT RELATED TO	AED 200 AUTO	PSY? 200. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
GE MIN	710. ACCIDENT WAS UNDERLYING	THE PART AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		YES	URE OF INJURY IN ITEM TB PAI	
MEDICAL	OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE 714. IN JURY OCCURRED	P.M.	19 21f LOCATION		CITY OR TOWN	COUNTY STAT
W	AT WORK NOT WHILE AT WORK	I AT HOME, STREET, FACTORY, OF			Seely 19	Se 27
E	220.1 certify that (1) (No. hasp saw the deceased alive or above (1) (no.) (did no.		om	opinion death occurre		9_2_7, that (I) (we)
E 2	276. SIGNATURE	ulx 7.	DEGREE ATT	ENDING MEDICAL YSICIAN DIRECTOR	STAFF PHYSICIAN	7-19-8
	224. PHYSICIAN'S NAME ITYPE	VESBITT	120 ADDRESS	Frederick	pe, Cola	walk ling
230	BURIAL, CREMATION, REMOVAL	7-21-84	13, NAME OF CEMETERY OR CR	EMATORY 23d LOCA	ELKINS	COUNTY WST
83	FUNERAL DIRECTOR	ELL 1731 2	MONDSON AU	250. DATE REC'D. BY RE	GISTRAR 756 REGISTS	MR'S SIGNAT Handall

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician FOR - STATE

pope 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR		CERTIFI	CAIL OI DEATH	REG.	NO.		
DECEASED NAME	FIRST MIDDLE		ST	20 DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
Co	ra Fran	CES Col	lette		July 1	1984	M
SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST		F UNDER I YEAR	
Female	White	OCT		5 88	YRS.	ONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maruland	U. S. A.	WIDOWE		_ 12.11.	ore C	oun ty	MD
O. CITY OR TOWN OF DEATH		AL, NURSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPA	ATION		OF BUSINESS OR
Randellstown	Baltimore	GIVE STREET ADDRESS)	neral Hosp	Refired	IT OF WORKING LIFE		noine
JOUAL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION)				1	
00) [11	nd allston	13d. INSIDE CITY LIMITS		S / ZIP CODE	10	21133
FATHER'S NAME	1)Gilling! C De	NO EIIS DWI	15. MOTHER'S MAIDEN		13 011	GC	~1100
FIRST	WIDDLE	LAST	FIRST	MIDDIE		VA I SAS	Sher
WAS DECEASED EVER IN	ILS APAED EODCESS THE SC	CIAL SECURITY NO.	17. INFORMANT		DRESS		
	(IF YES, GIVE WAR OR DATES)				3903 N	ryes Co	C.
No	7 212	26-3338	Me Many Grace	e Iruitt	Randall		MA 213
	icant conditions <u>contrib</u>	UTING TO DEATH BUT I	NOT RELATED TO THE T	TERMINAL DISEASE OR CO	ONDITION GIVE	EN IN PART 1	10
190. DATE OF OPERATION	ON 19b. CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b IF YES.	, WERE FINDI	NGS USED
2				YES TO NOT	IN CERTIFY	ING CAUSES	S OF DEATH?
210. ACCIDENT WAS UNDER			21c HOW INJURY OC	CURRED (ENTER NATURE OF P	,		
	JSE OF DEATH	ONTH DAY YEAR					
(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE		JRY 19	211. LOCATION				
MULLE NOT MULTE	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OF	RIOWN	COUNTY	STATE
AT WORK AT WORK	his hospital) attended the decea	wad from	100	17	nase	19	that (I) (we) lost
saw the deceased	alive on	19	d that in (my) (our) opi	nion death accurred on the			
above, (1) (we) (did 22b. SIGNATURE) (alid not) view the body after de	eath.	DEGREE 1				SIGNED 0
THE STOTATORE	73		ATTENDIN		TAFF	7-	2-85
PHYSICIAN'S NAM	E (TYPE OR PRINT)		22e ADDRESS	DIRECTOR PHY	V A A.	RK	P D
1050	Sport 1	199	19 24	- MICACLI	10.		
	Ton a conf	100		In too too			
3a. BURIAL, CREMATION, RE	MOVAL ZIM DATE	73c. NAME OF CE	METERY OR CREMATO	DRY 23d LOCATION			

DHMH - 16 50M 4/83

BP.

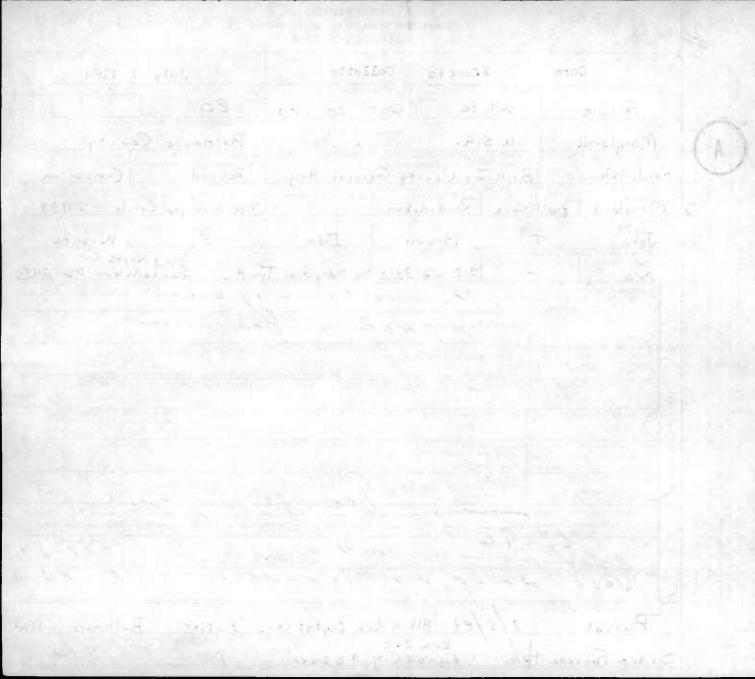
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumotic event, the medical exa

SLACK TUNGRAL TRANS (VRA 15, 4)

Black Rock Boptist
Box 268
FILICOT CITY, MD 2104

250. Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 6 1984 Lis Javidson Pandale



completely filled in by the funeral dire ; 1 and 2 should be filed within 72 hours

ottending physicion and co

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

4-1	8 0 4	

1 -	REGISTRAR			0.						
I. DECEASED NAME		FIRST		MIDDLE		LAST		MONTH (DAY YEAR	76. HOUR
	,	Henry		M•	(Comes	7-19-84			> Ann
3. SEX	Male		4 RACE Whit	е	5. DATE (6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS Min.
76. BIRTHPLACE (STATE OR FOREIGN MATY Land			76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DEDICTOR DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			MD
10. CITY OR TOWN OF DEATH Baltimore			11. NAME OF HOSPITAL, NURSING HO (16 NOT IN SUCH FACILITY, GIVE STREET ADDRES 4951 Bucks School				12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			Employed
13a. S Ma	ryland	136 COU		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	130 STREET ADDRESS . 4951 Bucks			1237) se Rd.
14 FA	Thomas		WIDDLE	Comes		15 MOTHER'S MAIDEN NA FIRST Mary	MIDDLE		Rohe	
	VAS DECEASED E YES, NO OR UNKNOWN		RMED FORCES? VE WAR OR DATES)	219-36-		Mary Butler	ADDRI 7015 Mariet		. 2123	4
	Canditions, if gove rise to cause (a), sunderlying c	IMMEDIA any, which immediate tating the	DUE TO, O	RAS A CONSEQUENCE OF					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WITH MICHAEL MARKET	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTITION LIFE.									
CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR WHICH OPE			ON WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE YES NO			NGS USED OF DEATH? NO
MEDICAL CER	22s.I certify the	CAUSE OF DE MEDICAL EXAMINE CURRED DI WHITE WORK I (I) (this haspered alive are) (did) (did n	HOUR A. P. 21e. PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F	19 ARM ETC)	71c HOW INJURY OCCUR	COUNTY			
	John (or PRINT) M.D.	0		PHYSICIAN POIRECTOR PHYSICIAN 1220. ADDRESS Belair Rd. Balto., Md. 21236					

DHMH - 16 50M 4/83 (VRA 15, 4)

assahn

31. NAME OF CEMETERY OR CREMATORY St. Jos. Ch. Cem.

23d LOCATION

Baltimore, Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. FUNERAL DIRECTOR

750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	and the state of					
		gar of E				
	differences					
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Marinia . Anna .						
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		2 Paganago Te	HE Smit	the treasure	Charles In	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar other traumotic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

FOR STATE REGISTRAR

CERTIFICATE OF DEATH

REG NO.

ŀ		DECEASED NAME FIRST MIDDLE LAST PPE OR PRINT)								20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	(cong	Mr. James E.L. Connolly Sr.								July 14 1984 M					
	3. SEX		4.	RACE S DATE O			F BIRTH 6 AGE (IN YEAR			T BIRTHDAY]	MONTHS DAYS		MIN.		
L		ale					ery 30 1916		68	YRS.					
1		RTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED					Y OR COUNT	Y OF DEATH				
1		aryland		U.S.A.		WIDOWE	- Inches		Baltimor			05 0116 01564	MD.		
l		TY OR TOWN OF DEA	TH II	(IF NOT IN SUC	H FACILITY, GIVE STR	PITAL, NURSING HOME OR OTHER INSTITUTION ILITY, GIVE STREET ADDRESS)				120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
1		andallstown	#NS 110415 00 01		Foxcliffe Court N. GIVE RESIDENCE BEFORE ADMISSION)				Chemical Oper. Glidden						
I	13a S	TATE	13b. COUNT	Υ	13c. CITY OR TO	NWO	13d. INSIDE CITY LI		13e.STREET ADDRE			0770	-		
1	_	THER'S NAME	Baltir	rore	Randa	<u> Ustown</u>	YES NO		3501 Fox	cliffe (burt	2113	3		
1		FIRST		DDIE	LAST		FIRST		MIDD		()	AST			
4		nones Edward AS DECEASED EVER			166 SOCIAL SE	CURITY NO			Carrier Co	DRESS		2113	2		
I	{Y	ES. NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)			17 INFMESANDO		e Ct. 101	Randal	latara				
ŀ	<u>Y</u>	es	<u> WW 2</u>			7–2397 A	3301 FC	KCLILL	e a. 101	Not Lieu		Maryla XIMATE INTERVA I ONSET AND DE			
ı		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSED	BY:	1	Cruck	1					YLELL	ATH		
l			IMMEDIATE				on				1				
ı		Canditions, if any,	which	DUE TO, OI	r as a consec	QUENCE OF									
ı	gave rise to immediate														
I		couse (a), stating the underlying cause last													
ı		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
J	CERTIFICATION	C O.P. O													
1	ICA	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED)	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
4	RT	A ACCIDING WAS UNIT	SERVINE [21b. TIME O	E INTILIDY		Tate HOW INITIDY	OCCUBBE	YES NO		res 🗌	NO [
١		218. ACCIDENT WAS UNE	1	110110 4	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM TE	PART (OR PART 2)				
ı	MEDICAL	(IF EITHER NOTIFY MEDIN		P.		19	211 LOCATION								
ı	ME	WHILE NOT WE	TILE		REET FACTORY OFFI	E FARM ETC)	STREET		CITY	PRIOWN	COUNTY	STAT	TE		
1			-	1) attended th	e decensed from	2/	18 10	28	to /	19	10 84	that the we) lost		
l		27a.1 certify that (1) (this hospital) attended the deceosed from 19 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19									e couses state	ed			
ı		above (1) (we) (did) (did not) yiew the body after death.									22c. DAT	ESIGNED			
ı		ATTENDING MEDICAL STAFF PHYSICIAN XINDECTOR PHYSICIAN								17/	16/8	7			
1		22d PHYSICIAN'S N	AME TYPE OR F	PRINT)		-(/-(-	27e ADDRESS		1//		1				
			101	100			P	V M	01/1/5/00	m, l	nd 2	(K3)	۷		
1		URIAL, CREMATION,	REMOVAL	23b. DATE	2:	c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	N	COUNTY	STA	TE		
	E	urial		07-17-			Lawn Cemeter		W.Frien	dship	Howard	Maryla	md_		
		INERAL DIRECTOR			meral Di			75a DATE	REC'D. BY REGIST		STRAR'S SIGN	TURE	- 3.5		
l	8	728 Liberty	Road Ra	ndallsto	wn, Maryl	and 2113	3	JUL	1 0 1904	1	Taking and	•	11		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. NO.	1 0	0 4 0			
1. DE	CEASED NAME FIRS	T	MIDDLE	7. 1	[ASI		ONTH DAY Y	EAR 26 HOUR			
(TYPE	E OR PRINT)	Russell	Calvin	COOK		July 16,	1984	11:02			
3. SE	Х	4 RACE		S. DATE C		6. AGE IN YEARS LAST BIRTH					
6.7	Male		White	Nov		61	YRS.	DAYS HOURS MIN			
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	THE RESERVE OF THE RE	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> Baltimore	TH ^				
10 C	Rossville	(IF NOT IN SUC	CH FACILITY, GIVE STREET	OSPITAL, NURSING HOME OR OTHER INSTITUTION IFACILITY, GIVES IREE I ADDRESS) Lin Square Hosp.			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Dependent 126 KIND OF BUSI INDUSTRY				
13a. S Ma	ryland	me or other institution county Baltimore	GIVE RESIDENCE BEFORE 131. CITY OR TOW Parky	N	134 INSIDE CITY LIMITS? YES NO X		ZIP CODE	. 21234			
14. F/	ATHER'S NAME FIRST Clifton	MIDDLE	Cook		15. MOTHER'S MAIDEN NA. FIRST Margaret	MIDDLE	В	tast aker			
	WAS DECEASED EVER IN U.		16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES					
(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	218-34-0	0073	Dianne S.	McClain 3120	Harview	Ave. 212			
7	Conditions, if any, whice gove rise to immediocause (a), stating the underlying cause last	DUE TO, O th te be be to ct	OR AS A CONSEQUE	ENCE OF	onary embolism		TION GIVEN IN PA	ART Ito			
CERTIFICATION	190. DATE OF OPERATION	ATION 196 CONDITION FOR WHICH OPERA			ON WAS PERFORMED	206. IF YES, WERE F IN CERTIFYING CA YES [X]					
	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	ART 2)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, P	ARM, ETC }	211 LOCATION STREET	CITY OR TOW	N COUN	NTY STATE			
	220.1 certify that (1) (this saw the deceased ali- abave, (1) (we) (did) (a	ve an July 1	6 19	3u1y 84	y II , 19 84 nd that in (my) (our) opinian	. 10		that (I) (we) lo m the causes stated			
	22b. SIGNATURE	-	on		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		7/16/84			
	Ralph Card				9000 Frank	lin Square Di	rive, 212	37			
	BURIAL, CREMATION, REMO (SPECIFY) Burial UNERAL DIRECTOR	Jul 1	9 1984	Most		23d LOCATION CITY OR TOWN Baltim E REC'D. BY REGISTRAR 2.	IN DECICEDADIC CI	Marylar GNATURE			
	Leonard J. F	Ruck, Inc.	Baltimo	re, N	laryland][JL 17 1984	what love .	CONTINUE CONTINUES			

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or ottending physician.

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jneto	remod	.com supplication of a	-Poseville
Herriew Avs. 21234	x x	elity et eromit	16 01.78
TOOS	PATRYLA	2003	rot ii
3120 Parview Lye. 212	Diames C. colain	218-74-0073	07
	10 miles 10 miles 17	the early spice.	
		01,	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH MIDDLE DECEASED NAME (TYPE OR PRINT) PARKER COOPER MESSER

2b. HOUR 4:00 AM IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX MONTH Dec. 10, 1887 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE U.S.A. WIDOWED DIVORCED | Maine 17h KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self-employed General Store Keswick Nursing Home BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13a. STATE 13b COUNTY 13d INSIDE CITY LIMITS? Olive Lane 21055 Baltimore Garrison Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Eliza Messer Edwin Cooper DDRESS A Cross Keys Rd. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Mary E. Nyburg 605-30-4864 Baltimore, MD 21210 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line pr (a), (b), and (c) PART I. DEATH WAS CAUSED BY 3mins-IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF SOPHAGEAL ACHALASIA Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES | 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) opinion death occurred on the date and hour and from the causes stated sow the decease obove, (I) DEGREE 22c DATE SIGNED

ATTENDING

MEDICAL DIRECTOR PHYSICIAN

23d LOCATION

72e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

07/25/1984 Green Mount Crematory Burial 24 FUNERAL DIRECTOR

Auta Davidson-Randalle

Baltimore,

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

ony

00

burial-transit p Mental Hygien

23g. BURIAL CREMATION, REMOVAL

Walter Brooks Bradley, Inc. Dundalk, MD

23b. DATE

1.60% A8 A2 2 July in alite Aŭri des Responsible Street SHILLS ESOPHAREAL ACHALASIA Upper Regarding traffection 18 45 TEL 34 84 STANK SA III,

FOR - STATE REGISTRAR

and 2 should be filed

and Mental Hygiene prior to burial,

morked or Item 18

MPORTANT: If Item 21 is

should be detached for use as the burial-transit pe with the State Dept, af Health and Mental Hygiene

CERTIFICATION

MEDICAL

230 BURIAL, CREMATION, REMOVAL

7/11/84

Leroy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

Burial

FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARY EALTH ANI ICATE OF	MENTAL I	IYGIENE	8	ed.	₩ 0.	8	0	4	5
1 DECEASED NAME	FIRST		AIDDLE		AST		20. [DATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	R
E.	lizab	eth 1	lice	Co	re					07	09	84	9:0	O Am
Female		4 RACE White	2	5. DATE C		07*	6 A	GE (IN YE	ARS LAST 8	RTHDAY)	MONTH	DER I YEAR S DAYS	HOURS	MIN,
70 BIRTHPLACE (STATE ORF Maryland	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE		R MARRIED DIVORCED	<u> </u>			OR COUN		EATH		MD.
10 CITY OR TOWN OF DEATH Catonsville 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACRITY, GIVE STREET AI Meridian Nsg. Ct				DORESS)	-Catonsville (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home						SSOR			
USUAL RESIDENCE (IF NURSI 130. STATE Maryland	136 COUN		130. CITY OR TOWN Catonsvi	7	13d INSIDE	CITY LIMITS	? 13e.5	STREET A	DDRESS Craft	/ ZIP CO	od Ro	ad	2122	28
William		MIDDLE	Hemler			R'S MAIDEN	NAME	J.	MIDDIE		Γ	'home		
160 WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	216-03-2		17 INFOR	nant ra Wur	nder			gles re,				
18. CAUSE OF DEATH PART I. DEATH W	AS CALISE	D BY.	line for 101, (b), and		1) 6 no	est z	gene	reliz	ed p	ne ter	taxis	APPROX SETWEEN	MATE INTER ONSET AND	DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). OUR TO OR AS A CON-	NSEQUENCE OF				
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	NSEQUENCE OF				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	E OR CONE	DITION GIVEN IN PAR	I lio
190 DATE OF OPERATION 196 CONDITION FOR	which operation was per		DPSY?	20b. IF YES, WERE FIN CERTIFYING CAU	
218. ACCIDENT WAS UNDERLYING	TH DAY YEAR	VINJURY OCCURRED (ENTER NA			
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	OFFICE FARM, ETC.) 211 LOCA STI	ATION REET	CITY OR TO	WN COUNTY	STATE
22a.1 certify that (I) (this haspital) attended the deceased sow the deceased alive on 7/6 above, (I) (we) (did (did not) view the body ofter death	19 84 and that in (r	5 , 19 F 3 , to			, that (I) (we) lo the causes stated
776. SIGNATURE	DEGREE 272e ADD	ATTENDING MEDICAL PHYSICIAN DERECTOR	STAF	F	19/84

231 NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

23d LOCATION

Woodlawn

COUNTY

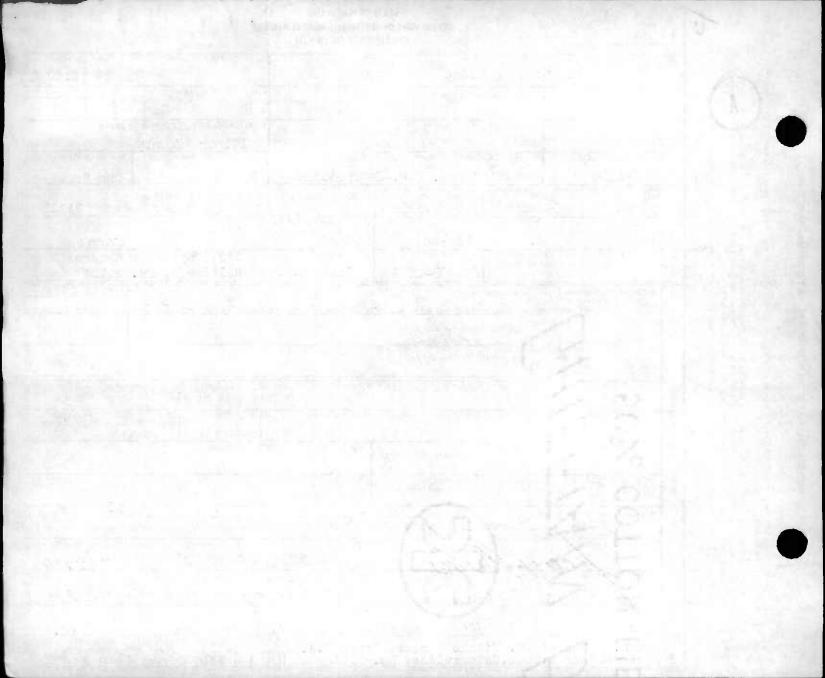
BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STATE

Md

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR:



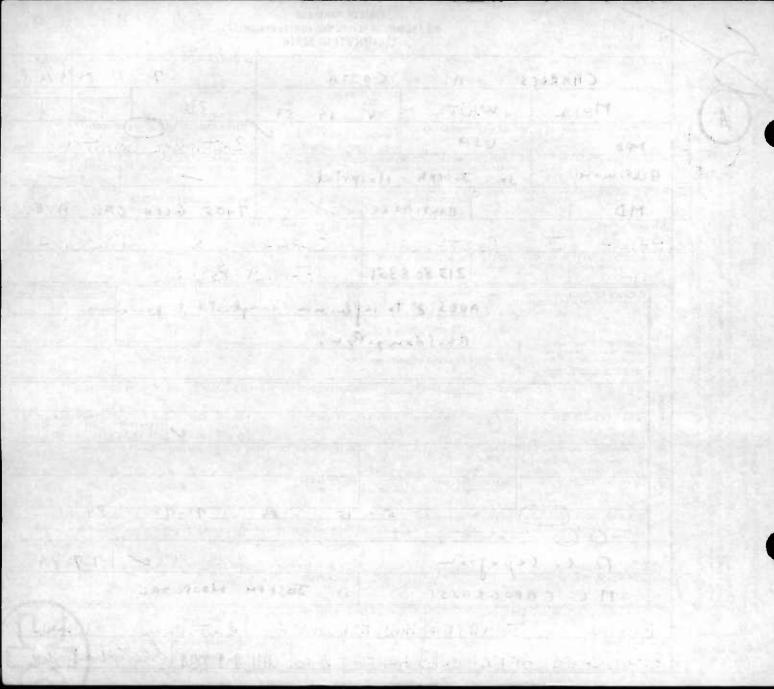
TO FUNERAL DIRECTOR: After the centificate has been signed by the opticiding physics should be definited for use as the Surial transit germs. Then please remove control apparatuments become been been defined when the Store Dept. of Health and Mental Hygams prior to burial compation, or among IMPORTANT: If here 21 is marked or near Egizees any injury, or other frauditionaria. TO HOSPITAL OR ATTENDING PHYSICIAN, The retained by the haspital as attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 8 6

1	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	I. DEC	CEASED NAME FIRST	MI	DDIE	t	AST		ONTH DAY	YE AR	26 HOUR	
	(TYPE	CHARLE	5	A .	Co	STA		7 7	84	4:20	PM
	1 SE)		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 2	
	1	MALS	WA	:12	MONTH	OAY YEAR	30	MON	MS DAYS	HOURS	MIN.
		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR	DEATH			
2		COUNTRY)	US	4	WIDOWE		BALTIMOR	5 Ca	ICTU	1	MD.
7/	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		26 KIND O	F BUSINES	SOR
6	3	altimore		To seph	Ho:	pital	(TTPE OF WORK FOR MOST OF	VORKING THE?	NOOSIKI	-	1
1		AL RESIDENCE (IF NURSING HOME OF		IVE RESIDENCE BEFORE 3c. CITY OR TOWN	N		13e STREET ADDRESS / 1		210	23	4
e.	18 60	THER'S NAME	V 1	Висти	- ~ (YES NO 1		CH O	HK	7100	
V	0		MIDDIE	EAST C		FIRST	MIDDLE	0	LAS	00	
4	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? II	6b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	S		1311	
1				215 80 8		FAMIL	4 RECORD	S			
	NO	PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE	NCE OF	Ryw,	NAL DISEASE OR CONDI	TION GIVEN	IN PART 1:c	11	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		206 IF YES, W IN CERTIFY IN YES	G CAUSES		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TS PART	OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR TOW	٧	COUNTY	51	ATE
		220.1 certify that (1) (this hasp sow the deceased alive on above (1) (we) (did) (did no		19	<u>5</u> , a	nd that in (my) (our) apinion d	eoth occurred on the dot	e and hour or		that (w	
		22b. SIGNATURE	Cepon	o un		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	AN C	7.7	SIGNED 4	
1		228 PHYSICIAN'S NAME (TYPE C	aro Gr	2550		St Josep	H HOSPET	FAL			
-	23a. F	BURIAL CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	236 LOCATION				
		SPECIFY)	JOLYII	1994 H	014 K	COSSINSR	CITY OR TOWN	(R)	YTHUC	A 100 A 1 A 1	AIE
	24 FL	UNERAL DIRECTOR		ADDRESS	8.80	250 DATE	REC'D. BY REGISTRAR 2	REGISTRAL	SSIGNAT	URE	184
	5	VACE CHAPEL	OFFILE		ARF	DRA ROBO III	1 1 1 1984	Julia Da	Mason-	gande	12

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 [pag 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exominer must be now injury.

executed within 24 hours after

death certificate be

requires that the

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OR ATTENDING PHYSICIAN: The

retoined by the hospitol

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

r	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE G G	NO.	0 0	
		CEASED NAME FIRST OR PRINT) Mrs. D	orothy B			AST	70 DATE OF DEATH	MONTH DAY	YEAR	124 P M
	3. SE)	emale -	Caucasia	n	S. DATE C	DE BIRTH 12 1921 YEAR	6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
3	7	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	75 CITIZEN OF WH.		MARRIE WIDOWE	D DIVORCED	Baltimore CITY	_	FDEATH	MD.
5	F	andallstown	Baltinon	e County	ADDRESS) Genera	ROTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MOS Secretary		17b KIND OF INDUSTRY Sears	F BUSINESS OR
5	13a S		DR OTHER INSTITUTION GIVE JINTY 13c	RESIDENCE BEFORE CITY OR TOW Baltino	N	13d INSIDE CITY LIMITS? YES NO		S / ZIP CODE	Road	21207
0	F	THER'S NAME FIRST McDonald	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST J. S	ylveous		IAST	
1	1)	VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G	RMED FORCES? 16b	220-07-		17 INFMiraCharles 6900 Windson		Paltimore		21207 Maryland
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	FD BY	for (a), (b), one	1.1	le Cougest	ive Hear	Trail		MATE INTERVAL INSET AND DEATH
		Conditions, if any, which	uiug of Pra	sthetic	Mitral	Val:	ve			
		gove rise to immediate couse (a), stating the underlying cause lost. DUETO, OR AS A CONSEQUENCE OF CUITY Valuation Pathy								
	NOI	part 2 OTHER SIGNIFICANT	s Mell	itus	4				IN PART IIo	
1	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH OPERATION WAS PERFORMED			YES NO YES NO NO			
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN		MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF II	HJURY IN ITEM 18 PART	I OR PART 2}	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET.	INJURY FACTORY OFFICE F	ARM ETC)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
		sow the deceased alive a abave (1) (1) (1) (1)	7 - 7	21-198	4 .01	d that in (my) our) apinion (to	date and hour a		that (Twe) last couses stated
		226 SIGNATURE Devoi	Valle	Cou	ero	DEGREE M.D. ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN 🗌	7 -	21-84
		CESAR VA		AUERI	O	5310 06	ld low	nt Ret		
	(BURIAL, CREMATION, REMOVA SPECIFY) Burial	7–25–84			emetery or crematory wn Cenebery	73d LOCATION CITY OF TOWN		ltinore	Maryland
		JNERAL DIRECTOR LOTI 8728 Liberty Road	ng Byers Fun Randallstown			II in	2 5 1984	AR 256. REGISTRA	ASSIGNATION	Jee .

STATE OF MARYLAND

8

1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE B 4).	8 0	4 8		
	CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
TITPE	LAUR	A G.	C.1	MALL		7 10	2 84	9201		
3 SEX		4 RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HRS		
Fe	emale	Caucasian	Jul	y 22°, 1902°	8	31 yrs.	ONTHS DAYS	HOURS MIN		
. (RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	7 8	D NEVER MARRIED	Baltimore County of DEATH Baltimore County,					
10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Baltimore Cour	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	NC	126 KIND C	of Business o maker		
13e S	STATE 13b. CC		Pe Randallstown YES NO A			13. STREET ADDRESS / ZIP CODE 10027 Liberty Road, 21133				
	nomas J. Groom	MIDDLE LAST	Caroline R. H				LAS	51		
		ARMED FORCES? 166 SOCIAL SEC A 213-20-1		Margaret Wol	ADDRE	-	oad, 2	1133		
	PART I. DEATH WAS CAI IMMED Canditions, if any, which gove rise to immediate couse (o), stating the	only one couse per line for (a), (b), a ISED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	Can	lionspirato ers (Maly	ey assi	mpho	DETACES.	MATERIAL OF A STATE OF		
NO	PART 2 OTHER SIGNIFICAN	It CONDITIONS CONTRIBUTING TO	DEATHBUT	NOT RELATED TO THE TERM	WALDUREASE OF CON	SITION GIVE	N IN PART 1	0		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FIND!			
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH (DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2]			
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211. LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE		
	220.1 certify that (I) (this has saw the debaared along	ospital) attended the deceased from	-7	nd that in my! (our) apinion of	death occurred on the do	te and hour		that (I) (we) lo		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 HOSPITAL DHMH - 16 50M 4/83

230. BURIAL, CREMATION, REMOVAL ISPECIFY Cremation 24 FUNERAL DIRECTOR WOODLAWM MEMORIAL FH. 6411 Windsor Mill Road (VRA 15, 4)

23b. DATE

22d. PHYSICIAN'S NAME YTYPE OR PRINT)

23d. LOCATION
CITY OF TOWN
Catensville, Balti Co.
D. BY REGISTRAN 254/REGISTRAN 199/AND 199/AN 23c. NAME OF CEMETERY OR CREMATORY Westview Memorial Pk

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

22e ADDRESS

22c. DATE SIGNED

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	, Table 01 000 15		κ			n I
John	of the street	Lympo' 1m	or - stano	n estat.	neg	eist-n
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	FOR STATE REGISTRAR	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 4	180	49
	T. DECEMBED TANKE	DDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR	2b, HOUR
	Frieda Christin	e CROUSE		July 2, 1984	71 - 274	10:20p,
. 1	3. SEX 4. RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE WHITE	MONI	20 22		MONTHS DAYS	HOURS MIN.
5	76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF W	AA A PD IE	DIVORCED	Baltimore City or Col		MD.
7	BALTTMORE (IF NOT IN SUCH	DSPITAL, NURSING HOME (FACILITY, GIVE STREET ADDRESS) LTN SQUARE.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETTRED Be	KING LIFE) INDUSTRY	nklin S
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF 136. STATE 136. COUNTY Matoland Baltimore	ive residence beföre admission) 13c. CITY OR TOWN	113d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP 6147 Ebene	code zer Rd.	21220
30	14. FATHER'S NAME FIRST MIDDLE Charles	Croll	15. MOTHER'S MAIDEN NAME FIRST Mary	ME	Scratc	hard
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	184-18-2172	17 INFORMANT 2 Sharon Mye	address ers 6143 Ebe	nezer Rd	. 21220
	18 CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c)			APPROXU BETWEEN C	MATE INTERVAL DINSET AND DEATH
	Conditions, if any, which gove rise to immediate	AS A CONSEQUENCE OF Myocardial Ir				•
	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART TIE	1
2	190 DATE OF OPERATION 196. CONDIT	ION FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDIN CERTIFYING CAUSES YES	
7	THE STATE OF THE S	A. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OF PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (# ETHER NOTIFY MEDICAL EXAMINER) P.A. 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER (AT HOME. STREE AT WORK AT WORK	FINJURY ET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that XI) (this haspital) attended the saw the deceased alive on July 2 did) (4(4(4))(1) view the bags) of	184	2 19.84 and that in XXI (our) opinion	, toJuly 2 death accurred an the date an		that (X (we) last causes stated

MPORTANT: If them 21 is marked or them ill shows any injury, or ather traumatic event, the medical examiner marked naw TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL BP (VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

9000 Franklin Square Dr., 21237 KEITH M.D 0 ENGLISH 23d LOCATION CITY OF TOWN 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Holly 7-5-84 Burial Mem. Baltimore. 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE Lassahn Funeral Home

22e. ADDRESS

ATTENDING PHYSICIAN

MEDICAL DIRECTOR

STAFF PHYSICIAN 2

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		Total Astro	Largery's pi' as all

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 34 hours retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

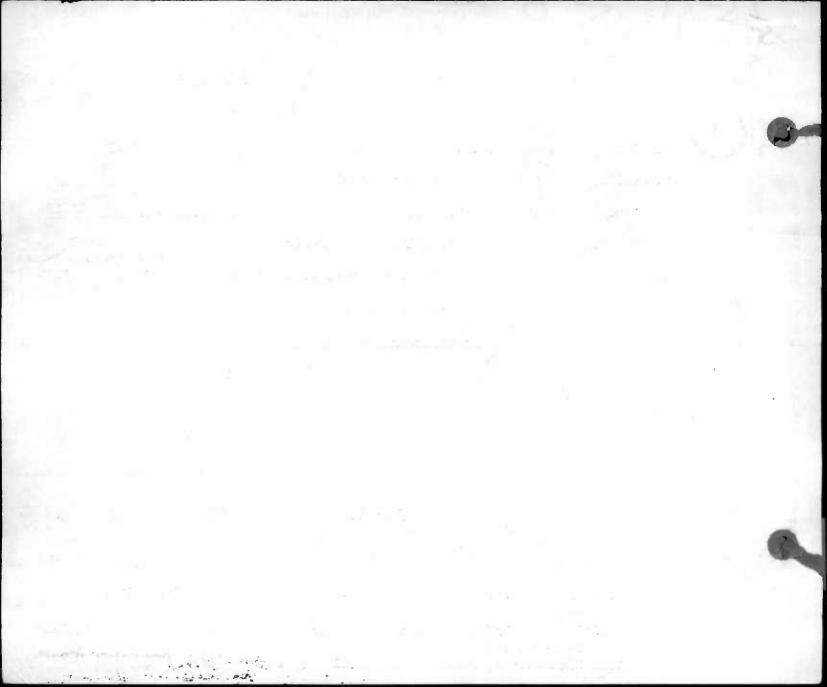
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

page 3 er death

FOR - STATE REGISTRAR DEP

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	64	-	8	U	5	(
CERTIFICATE OF DEATH		REG. NO.					

Female White S 4 1885 99 YRS WONTHS DAYS HOUSE Franklin Franklin Square Hospital Franklin Rosie	TE OF BIRTH DAY VEAR 5 4 1885 99 YRS.	10:45F
BERTHPIACE (STATE OR FOREIGN COUNTRY) 10. CHIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CHIY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CHIY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 14. WIDOWED DIVORCED	5 4 1885 99 YRS	
BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MO		YS HOURS MIN
U.S.A. WIDOWED DIVORCED DISTRICT NOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROSSVILLE FRANKLIN SQUARE HOSPITAL HOUSEWIFE INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GMR RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? HOUSEWIFE HOUSEWI	DISCOUNTY OF DEA	1
The properties of the proper	D-11-1	M
Rossville Franklin Square Hospital Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13d. STATE 13d. COUNTY 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 12e.STREET ADDRESS / ZIP CODE 2628 Brannan Avenue 2121 12d.	ME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b K	
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2628 Brannan Avenue 2121 2628 Brannan Avenue 2628 Brannan Avenue 2628 Brannan Avenue 262		KI
Maryland Baltimore Edgemere FATHER'S NAME HOUSTON WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) NO RESIDENT Franklin Franklin Franklin Franklin Rosie ADDRESS 2607 Brannan Avenue 2121 ADDRESS 2607 Brannan Avenue 2121 Rose B. Isennock Balto. MD 212 Respiratory Arrest Due To, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. Due To, OR AS A CONSEQUENCE OF	ON)	
HOUSTON WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, ONCE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Respiratory Conditions, if ony, which gove rise to immediate cause (b), stating the underlying cause lost. PUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.		21219
Houston Franklin Rosie Hoil Was Deceased Ever In U.S. Armed Forces? (MES. NO OR UNKNOWN) (MEYES, GIVE WAR OR DATES) No 213-74-9591 Rose B. Isennock Balto. MD 212 IB. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Respiratory Arrest.	15. MOTHER'S MAIDEN NAME	
IND WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) IND PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (b), stating the Underlying cause lost. IND SOCIAL SECURITY NO. 17. INFORMANT Rose B. Isennock Balto. MD 212 RAPPROXIMATE INTERPROVED INTERPRO	1.00	
Rose B. Isennock Balto MD 212	D. 17. INFORMANT ADDRESS 2607 Bra	nan Aven
PARTI. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF		
PARTI. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	BET BET	ROXIMATE INTERVAL
21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	TION WAS PERFORMED 200 AUTOPSY? YES NO[X] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PA	NDINGS USED SES OF DEATH? NO
Lea court must be Court of print. I HOUK A.M. MONTH DAY TEAK		
214 IN ILIRY OCCURRED 216 PLACE OF INTURY 211 LOCATION		STATE
228.1 certify that XI) (this haspital) attended the deceased from June 11 , 19.84 , to July 4 , 19.84 , that XI sow the deceased alive an July 4 , 19.84 , and that in XIX) (aur) apinion death accurred on the date and hour and from the causes stabove, (12 (we) (did) (12 (44 (24))) view the body after death.		, that X (we) la the causes stated
THE SIGNATURE 22C. DATE SIGNED	., and that in 🚧 (aur) apinion death accurred on the date and hour and fro	
22d PHYSICIAN'S NAME (1YPE OR PRINT) 22e ADDRESS	and that in X•X() (aur) apinion death accurred on the date and hour and fro DECREE ATTENDING MEDICAL STAFF	7-4-84
M. Delahunt, M.D. 9000 Franklin Square Dr., 21237	and that in X-X (aur) apinion death accurred on the date and hour and fro DECREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS	
30. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	and that in X-X (aur) apinion death accurred on the date and hour and fro DECREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 9000 Franklin Square Dr., 21237	
4 FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 9000 Franklin Square Dr., 21237 DECEMETERY OF CREMATORY 23d. LOCATION CITY OF TOWN COUNTY COUNTY	
7922 Wise Avenue, Dundalk, MD 21222 JUL 6 1884 gulatura from	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DECEMETERY OF CREMATORY and Memorial PHYSICIAN Baltimore	7-4-84 Maryland



death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	0.		
	CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(1111)	Richa	rd	T. Day	/ies	Sr.	July 22,	1984		7:30p. N
3. SE	x	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	M	1 L	1.	2	10/13	7/	YRS.		, and
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	_		
	OHIO	V-	SA	WIDOWE	D DIVORCED	Baltimo			MD
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON IF WORKING LIFE		OF BUSINESS OR
R	DSSVILLE	FRAI	UKLIN	58	. HOSP	CONSULTI	ANT		
	AL RESIDENCE (IF NURSING HOME CONTACT 136. COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	213	121
	MD. B	ALTO.	ESSE	X	YES NO	710 5.1	MARL	YN	
34. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	MIDDLE		LAS	št
	EARL M	, DA	VIES			UNK			
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI			
	ONK		21309	2869	15 RACE	DAVIES		A BOI	
	18 CAUSE OF DEATH (Enter of	nly one couse pe					70.4	BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (o)	Cardio	oulmor	nary Arrest				
		DUE TO, O	OR AS A CONSEQUE	NCE OF				118	
	Conditions, if any, which	(b)_	Sepsis						
	cause (a), stating the	DUE TO,	OR AS A CONSEQUE	NCE OF					
	underlying cause last.	(c)_							
z	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART I	0
CERTIFICATION	A DAYS OF COSPANION	Tim com	TION SOR WILLIAM	01710200	NAMES OF OFFICE	Tag- AUTORSV2	Tank in vec	WERE FINDIN	100,400
FIG	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	YING CAUSES	OF DEATH?
RT			OS NULLIAN 20		In how himsy occur	YES NOXX			NO []
20	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OFINJURY A.M. MONTH DA	YEAR	ZIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART ?)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION			100	
MEC	WHILE NOT WHITE		TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK			June	19 10 84	to July 2	27	9_84	
	220.1 certify that X (this has) saw the deceased alive o	1	v 22 19 8	5/1	nd that in (aur) opiniar	,			that (we) last
	above, W. (we), (did) (201-	view the bod	y after death.		DEGREE	. dedin decored on the d		22c, DATE	
	W. M	1/2	# un		ATTENDING	_ MEDICAL _ STA			
	224 PHILICIAN'S NAME WHO	CHIEU	w, w.D	•	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	1/20	2/84
	// John M. V		M.D.			Win Course	Desire	010	27
				11115.00		klin Square	urive	, 2123	5/
23a. E	BURLAL, CREMATION, REMOVA	L 23b. DATE	11-		EMETERY OR CREMATORY	CITY OR TOWN	. 6	COUNTY	STATE
74. FI	UNERAL DIRECTOR	1/2	-104 M	DAR	LANDS 1250 DA	BALT ATE REC'D. BY REGISTRAR	25h REGISTE	AR'S SIGNAT	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by th should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed swith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

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300 MACE

250 DATEREC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUL 2 5 1984 Julia Davidson Rendere

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7-6-1	TARROS PARA	PRILIP SE 1	NAR.	3011/022-1
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	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4		3 0	5 2
		CEASED NAME FIRST DOTOTHE	a Beryl		er	20. DATE OF DEATH	7/21	7/1984	3 30 M
)	3. SE	emale	Caucasion	S. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER \$4 HRS HOURS MIN
57	C	N. Y.	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE	D NEVER MARRIED D DIVORCED X	Baltimore City of Baltimore	R COUNTY C	OF DEATH	MD.
Day I	/	Towson	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Dulaney Towson	Nursi		(TYPE OF WORK FOR MOST O Secreta	F WORKING LIFE		more Cit
	130.5	Md.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY 13c CITY OR TOW Baltimer	N		3501 St.	Paul S	St.	21218
	14 FA	ATHER'S NAME FIRST Milford	Th. Dinker, Sr.		15 MOTHER'S MAIDEN NAM FIRST	Ethel Ike		LAST	
medical	160 V	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 218 12 7		Mr. T. G. Fin	kbinder B	eltsvil	le, Md	
or other traumatic eventyth		PART I. DE ATH WAS CAUSE	ly one couse pine lighty in Library DBY: TE CAUSE (o) DUE TO, OR AR A CONSEQUE DUE TO, OR AS A CONSEQUE	NCE OF	a Cara	Long	ng	6+, 1±-	Yes.
ws any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	19b. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, YES, YES, YES	WERE FINDIN	GS USED OF DEATH?
ed or Item 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# ETHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	LUGUE AN MONTH -	19	21c HOW INJURY OCCURR 211 LOCATION STREET	YES NO CENTER NATURE OF INJU			NO
Hem 21 is mork		220.1 certify that (I) (this haspi sow the deceased alive an above. (I) (a) (did rock as	tol) attended the deceased from	./.	d that in (my low) ppinion of	eoth occurred on the d	U/U 19		
MPORTANT: IF	_	Charles F. 0'		2	ATTENDING PHYSICIAN 220 ADDRESS 7501 York I	MEDICAL STA		17/	8784

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23b. DATE 7/30/84 231. NAME OF CEMETERY OR CREMATORY Green Mount Cem.

Baltimore, Md.

STATE

74 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. 25 ADATGREC'D BY PIN HEGISTRAN'S SIGNATURE CONTRACTOR OF THE CONTRACTOR O

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1		REGISTRAR			MIDDLE	CERTIFIC	CATE OF DEATH	REG. NO		DAY YEAR 2
		CEASED NAME E OR PRINT) H	ARRY		Raymond		MOSS		16,1	
)	3. SE	x Male		4 RACE White		5. DATE OF Dec.	6, 1893 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY]	IF UNDER LYEAR
35	7a. Bi	IRTHPLACE (STATE OR COUNTRY) Maryland		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City o	-	
7//	/	Towson		Dulane	y/Towson	Nursi:	other institutioning Home	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Inspector		12b. KIND OF INDUSTRY Aircra
100	130. 5	AL RESIDENCE (IF NUR STATE Maryland	136 COUN	other institution NTY Ltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWSON	'n	34 INSIDE CITY LIMITS? YES NO 🛣	136.STREET ADDRESS / 27 Dunval		d 21204
130		John		Lson	DeMoss		S. MOTHER'S MAIDEN NAME FIRST Martha	E11a		Nelso
medica	160 V	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	IN U.S. AR	MED FORCES? (E WAR OR DATES)	21 2 -06 -		Mr. H.R.DeMos	addre ss Jr. 1616		
aut. B		18 CAUSE OF DEAT PART I. DEATH V	WAS CAUSE	ily ane cause per D BY: IE CAUSE (a)	line for (a), (b), an	d ict.	Paroline A	Herr		BETWEEN ON
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TO HOSPITAL OR ATTENDING PHYSICIAN The lorretained by the hospital or attending physician

BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

M.	1-	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	IENE 8	8 0 5 4	
10.	I DEC	REGISTRAR DEASED NAME FIRST		IDDLE	CERTIFI	GIL OI DEATH	REG. NO.	DAY YEAR 26 HOUR	
		OR PRINT)	LEROY	J.	D-	DE SELL	28 DATE OF DEATH	-1-84250	
	3. SEX	Leron	4 RACE		5. DATE O	- 11	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE	RS.
	1	10-10	1016	nite	MONTH		64	MONTHS DAYS HOURS ME	N.
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10/1	1	bwson	1	BSOP	(DDRESS)	soital	General Mo	1	_ /
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100		THERENAME	WIDDLE	LAST	1110	15. MOTHER'S MAIDEN NAM			
1200		Martin	H.	DeSell	L	Ida	L.	Bleasing	
37		AS DECEASED EVER IN U.S.		166 SOCIAL SECTI	RITY NO.	17 INFORMANT	ADDRESS		
1	w	VESTO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	217-07-91	580	Mrs Elva Lee	e DeSell, Same	As #13e 21093	
2/		18 CAUSE OF DEATH (Enter	anly one cause per l	ine for (a), (b), and	lies)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH
0 4		PART I. DEATH WAS CAUS IMMEDI	SED BY: ATE CAUSE (0)	Cara	lias	alle	H	8	
9 6	US		DUE TO, OR	AS A CONSEQUE	NCEOF	//	//	2 1/	7
400		Canditions, if any, which	(d)	Soll	Lic	Mock	2	3-4cm	1
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7. 6	z	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110	asl.
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of He 21 is		saw the deceased alive above, (1) (we) (did) (did	7-	195	24, ar	d that in (my) (our) opinion	death occurred on the date and	d hour and from the causes stated	
ten.		22b. SIGNATURE	nati view the bady o	affer death.		DEGREE		221. DATE SIGNED	
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3 ₹		URIAL, CREMATION, REMOVA			IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
	l '	Burial	7-9-84	P	arkwo	od CEMERKEY	Parkville,	Balto. Maryland	3
A 4/83		INERAL DIRECTOR		ADDRESS	1050	York Rd 250 DAT	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE	
4)	Ru	ck Towson Fune	ral Home	, Inc. To	wson,	Md. 21204UL	9 1984	Lavidson-Randall	

STATE OF MARYEAVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOGIAL SECURITY NO. 17 INFORMANT ADDRESS 187 SECURITY NO. 17 INFORMANT ADDRESS 187 SECURITY NO. 17 INFORMANT ADDRESS 214-01-5164 Margaret Dobbs, same address APPROXIMATE INTERVAL APPRO
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18 CAUSE OF DEATH lEnter only one cause per line for joi, (b), and ic.1
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19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION AS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO
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OR CONTRIBUTING CAUSE OF DEATH COUNTY TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED CITY OR TOWN COUNTY WHITE
220-1 certify that (1) (this hospital) amended the deceased from 1964, to 1964, to 1964, to 1964, that (1) (we) last saw the deceased alive on 1964, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated
220-1 certify that (1) (this hospital) amended the deceased from 1964, to 1964, to 1964, to 1964, that (1) (we) last saw the deceased alive on 1964, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated
220-1 certify that (1) (this hospital) amended the deceased from 1964, to 1964, to 1964, to 1964, that (1) (we) last saw the deceased alive on 1964, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated
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saw the deceased alive on 1907 I, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated
above, (h (we) (did) (did not) view the body after death.
DEGREE 22C DATE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN 7/23/84
22d. PHYSICIAN'S NAME (1YPE OR PRINT) 22e ADDRESS
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
Cremation 7/24/84 Greenmount Crematory Balto., Md.

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and is should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Fager with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etoined by the hospital ar attending physicion. injury, or ather troumatic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

Schimbler Funeral Home, Inc. 3331 Brehms Lane, Balto., Md.

21213

25% DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTCAND 21201	Ø	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pages interesting by the haspital or attending physician.	Poge	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral an estimated should be detached for use as the burial-tronsit permit. Then please temove carbon papers. Pager Nand 2 should be filled within 72 has rethrested with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	decings horrother deap	

STATE DEPARTMENT OF HE

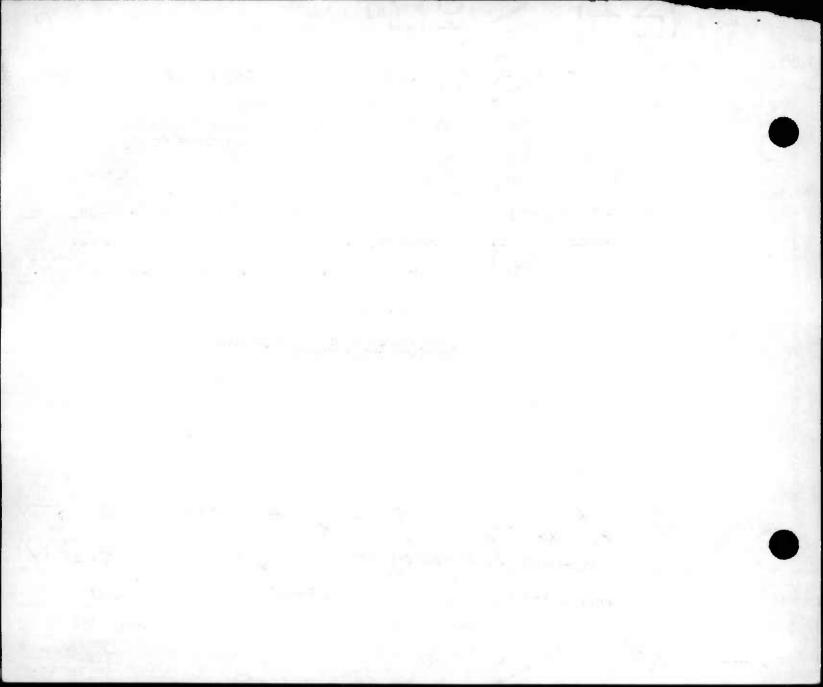
OF MARYLAND	O.	4.4	1	52	11	3	6
EALTH AND MENTAL HYGIENE	0	and .	i	0			
CATE OF DEATH		DEC. NO					

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEASED NAME	FIRST	MIDDL	-	LAS	51	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	Arthur	Thomas	Dona	ldson		July 28, 1	984	2	:25p
3. SEX	1	White		5. DATE OF	BIRTH 20 04°	6 AGE (IN YEARS LAST BIR	THDAY] IF UND		NDER 24 HR
BIRTHPLACE (S COUNTRY) MARYTAN		USA	AT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		To a committee of the c			MD
ROSSVIL	CE	FRANKLI	N SQUARI	HOSI	PITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O STOREKEEP)	F WORKING LIFE) IN	KIND OF BUILDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE 136 COUNTY BALTIMORE			TION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CIT YES			13. STREET ADDRESS 9127 Bela	zip code ir Rd. 2	21236	5
14. FATHER'S NAME	M	*DDLE	LAST	- 1	15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
Ar	thur	T.	Donal	lson,	Sr. Mae	5-03		chardt	
160 WAS DECEASED			820 – 02 – 6		Mrs. Marian	E. Donalds			236) Rd.
gave rise couse (a),	f any, which immediate stating the cause last.	DUE TO, OR AS	teriosci Cardio	eroti	c and Hyperte ar Disease	ensive			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU				OT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN IN	PART 110	
190 DATE OF	PERATION	196 CONDITION	n for which (PERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	CAUSES OF I	
	YAS UNDERLYING CAUSE OF DEAT FY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART I C	DR PART 2)	
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abave,	(we) (did) (d) d m(1)	July 28	ceased Iram19E		22 19 84 I that in () (aur) apinian a	+ J	ate and hour and	from the cause	
22b. SIGNATU	Norr	5 LX	ouve	5 1	4200	MEDICAL STA	FF	7-28	-84
	N'S NAME (TYPE OR			0	22e ADDRESS	Sm Courses D		007	
		rwitz, M.			9000 Frankli		rive, 21	23/	
230 BURIAL, CREMA		23b DATE 7-31-			METERY OR CREMATORY	23d LOCATION	timore.	"Marvla	nd TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushauld be detached for use as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical war

e 4 may be

	STATE O	FMARYL	AND	52
DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CE	RTIFIC	ATE OF	DEATH	

1 -	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	0.	0		
	CEASED NAME	FIRST	N	HODLE	U	ST		MONTH	DAY YEAR	26 HOUR	-
	or PRINT)	Mary	P	ius	Done	egan		7 -	23 -84	8:15 am	٨
. SEX	K	4	RACE		S. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEA		
Fe	emale		White		9	- 4-1887	96	YRS	MONTHS CAY	S HOURS MIN	
	RTHPLACE (STATE OR FO	OREIGN 7	CITIZEN OF	VHAT COUN	MARRIET	NEVER MARRIED 1	9. BALTIMORE CITY O	-			Ī
Di	altimore,		U.S.A.		WIDOWE	DIVORCED [Baltimore			MD	_
200	TY OR TOWN OF DEA		(IF NOT IN SUCH	FACILITY, GIVE	URSING HOME O STREET ADDRESS) esidence	R ÖTHER INSTITUTION	(TYPE OF WORK FOR MOST OF THE TENTE OF WORK FOR MOST OF THE TENTE OF T	F WORKING	LIFE) INDUSTR		
	AL RESIDENCE (IF NURS		THER INSTITUTION.		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			21227)
30. 0	MD	Balt		Halet		YES NO X	4100 Map1	e Ave	enue	21221	-
I. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NAM					-
Ov	wen	F.		Done		Mary	E.		Co1	lins	
	VAS DECEASED EVER		NED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS			
	Vo.	(IF TES, GIVE V	VAR OR DATES	199-4	0-6157	Sr.Regina Lo	ng, 4100 Ma	ple /	Ave. 2	1227	
	18 CAUSE OF DEAT	H (Enter anly	one couse per						APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH	
	PART I. DEATH W	IMMEDIATE		LERE	BRM T	HRUMBOSIG			3	1 Hm.	
	100		DUE TO, OR	AS ACONS	SEQUENCE OF				77 Bin		
	Canditions, if any,	ony, which (b) HRTERIOSCLEROSIS									
	couse (a), statir	ng the	DUE TO, OR AS A CONSEQUENCE OF								
	underlying cause	lost	(c)								
NO	PART 2 OTHER SIGN	VIF CANT CO	KINSON	MTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION G	IVEN IN PART	1(0)	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATION				S, WERE FINDINGS USED		
TIF	1000						YES NO		YES [NO [
	210. ACCIDENT WAS UNI		216 TIME OF		DAY YEAR	21c HOW INJURY OCCUR	, PART 1 OR PART 2)			
CAL	(IF EITHER, NOTIFY MEDIC		P.A		19						
MEDICAL	21d. INJURY OCCUR		21e. PLACE C		FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	Ī
Z	AT WORK AT WO	ORK									
	22a I certify that (1) saw the decease above (1) two (c	ed alive an	JUNE		B 6	d that in (my) (aur) apinion	death accurred an the do	are and ha	19 Sur and from the	that (1) (we) last he causes stated	
	226 SIGNATURE	11/1				DEGREE	(22c. DA	TE SIGNED	
	10	TUNIN	W		JA)		MEDICAL STAI		,1.3	484	
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)		Merry	22e. ADDRESS					
	Aidan Wal	sh, M	D.				1 St.,Balto	., M	0 21202		
	SURIAL, CREMATION,	REMOVAL	236. DATE	/Oh	23c. NAME OF CI	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	Buri	al	7/26	0/04	New C	athedral	Raltimon			MD	

BP

retained by the haspital or atter

TO HOSPITAL

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) George Gonce

Burial

ADDRESS 21225 4001 Ritchie Hwy

New Cathedral

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JUL 24 1984

JUL 24 1984

HEROSTANIE (1970), E. C. (1977) 전 [1971] 선생님 (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1
21225 AUL S. G. SELGE CO. TOTAL THE SECOND S
The state of the s

TC FLNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24	FOR STATE REGISTRAR		DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CERTIFICATE OF DE
	I. DECEASED NAME	FIRST	MIDDLE	LAST

STATE OF MARYLAND
SEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 1 8
CERTIFICATE OF DEATH

5

- STATE				CERTIFICATE OF DEATH REG. NO.							
I. DECEASED (TYPE OR PRINT		FIRST Norm		rt Dresba		AST	20 DATE OF DEATH July]		84	P SO M	
3. SEX	M W				S. DATE C		6. AGE (IN YEARS LAST BH	YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
7a. BIRTHPLA	CE (STATE OR	FOREIGN	76. CITIZEN OF US	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of Baltimore	_		M	
10 CITY OR T	OWN OF DEA	ATH	HE NOT IN SUC	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHACKET, GIVE STREET AGGRESS! BURNDRAE ROAD			126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sales Auto				
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 130. COUNTY Baltimore			1TY	R. GME RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY LIMITS? TOWSON YES \(\sum \) NO \(\sum \)			13e STREET ADDRESS / ZIP CODE 6 Burnbrae Road 21204				
	Michael J. Dresbach					15. MOTHER'S MAIDEN NAME FIRST Elizabeth M. Zoll					
	160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) YES WWII			216 05 C		Mrs. Edna F.	Dresbach	-00	nbrae F	Rd2120	
gove cause under	rise to imm (a), static lying cause OTHER SIG	mediale ng the e last.	(c) CONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF YE	S, WERE FINDIN	NGS USED	
	179. CONDITION FOR W					Tal- How Industry occurs	YES NO	YE	FYING CAUSES	OF DEATH?	
OR CON	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21a. INJURY OCCURRED 21a. PLACE OF INJURY 21a. PLACE OF INJURY					21f LOCATION				STATE	
220.1 c so ot 22b. Sk	AT WORK AT WORK									SIGNED COLST	
23a. BURIAL, (SPEC#Y) B 111	CREMATION,	, REMOVAL	236 DATE 7/17/			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Raltin	one N	COUNTY	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUL 1 8 1984 June Dandson Handele

12, 1 The length 3.1 0000 MOS13 21 ... 22 English to the contract of the 1 00 1 1 . 1 - 10 1 . de la company is any injury, or other troumotic event, th

DETAIL If Hem 21 is morked or Hem 18 III

3331

Brehms Lane, Balto., Md.

OR	DEPARTM
TATE	

STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HYGIENE

8

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.	
DECEASED NAME () FIRST	WIDDIE	LAST	(0)			YEAR 26 HOUR
	Dukert (AKA	A) Magdal	ena Duka	7/25/	84	4:30 AM
SEX	4 RACE	5 DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BI		DATS HOURS MIN.
Female	Cauc.	5/1	L3/92	92	YRS	
. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
lexandria, Va.	USA	WIDOWED	X DIVORCED	Balto	. County	
CITY OR TOWN OF DEATH	NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR	VE STREET ADDRESS)		12a USUAL OCCUPAT		KIND OF BUSINESS OR USTRY
laltimore /	Perring E	Parkway N	Jursing	housew	ife	
AL RESIDENCE (IF NURSING HE AS OF	NTY 13c. CITY C	CR TOWN 1:	d INSIDE CITY LIMITS?			
Id FATHER'S NAME	- Bal		YES K NO C	1519 S. K	enwood A	ve. 21224
FIRST	WIDDLE	AST	FIRST	MIDDIE		LAST
John Przybyl w was deceased ever in u.s. ar	WED FORCESS WE SOCI	AL SECURITY NO. 1	Magdalena	Kaiser	222	
[YES, NO OR UNKNOWN] (IF YES, GIV	/E WAR OR DATES)			17.7		
No			Madeline	Mengele, 26	33 Chest	rerfield
18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE			A	200	21213	APPROXIMATE INTERVAL
IMMEDIA	TÉ CAUSE (o)	reliesciel	etic Heart	Disease) years
	DUE TO, OR AS A CO	Arteries of	James 4			
Conditions, if ony, which gove rise to immediate	(b)	W. COLTOS	Telegra			
couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF				
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT NO	OT BELATED TO THE TE	DAAINIAI DISEASE OR CON	IDITION GIVEN IN P	APT 1/a
1)Diabates	mellitus 2)				IDITION GIVEN INT	OKT THE
190 DATE OF OPERATION	196 CONDITION FOR			20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED
1)Diabetes 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES NOT	YES T	AUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJ	JRY IN ITEM IS PART I OR F	PART 2)
OR CONTRIBUTING CAUSE OF DE	AIR .	19				
(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CHYORT	OWN COU	UNTY STATE
AT WORK AT WORK		73.70.00		- 1853	2.51	
220 I certify that(I) (this hosp	tol) ottended the deceased	from 5/8/84	. 19		34	, that 🗶 (we) last
sow the deceased alive on	July 25, 198	4.19 ond	that in my) (our) opinio	on deoth occurred on the o	lote and hour and fre	om the couses stated
226 SIGNATURE		DE	GREE			DATE SIGNED
- Jun	20 6.1	mons	ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	
774 PHYSICIAN'S NAME (TYPE			22e ADDRESS			
MELITO M. TO	RRES, M.D.		441 S. Ell	lwood Ave.Ba	Ltimore, Md	21224
BURIAL, CREMATION, REMOVAL			AETERY OR CREMATOR	Y 23d. LOCATION	m COUNT	y STATE
Burial	7/28/84	Holy Ro	osary Cem			
Schimunek Fun	eral Home,	Inc.	25a. D	ATE REC'D. BY REGISTRAL	256 REGISTRANSS	IGNAPORE .
2221 Probme I	ano Balto	MA	21212 1	111 3 0 1984		*

21213

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

this 24 hours after death. Page	ely filled in by the luneral direct should be filed within 72 hours anomalish be collected to one
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page	TO TUBLEST DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the futural direct sharps and the standard for use as the buriol-transit permit. Then please remove carbon popers. Pages I and 2 should be futured within 7 hours with this standard begin to Health and Mental Hygiene prior to buriol, cremation, or removal. [MPDRIAM If them 21 is marked or Item 8 shows any injury, an other troumatic event, the medical examination becomes a contraction.
O HOSPITAL OR	Should be alloche

FOR STATE REGISTRAR

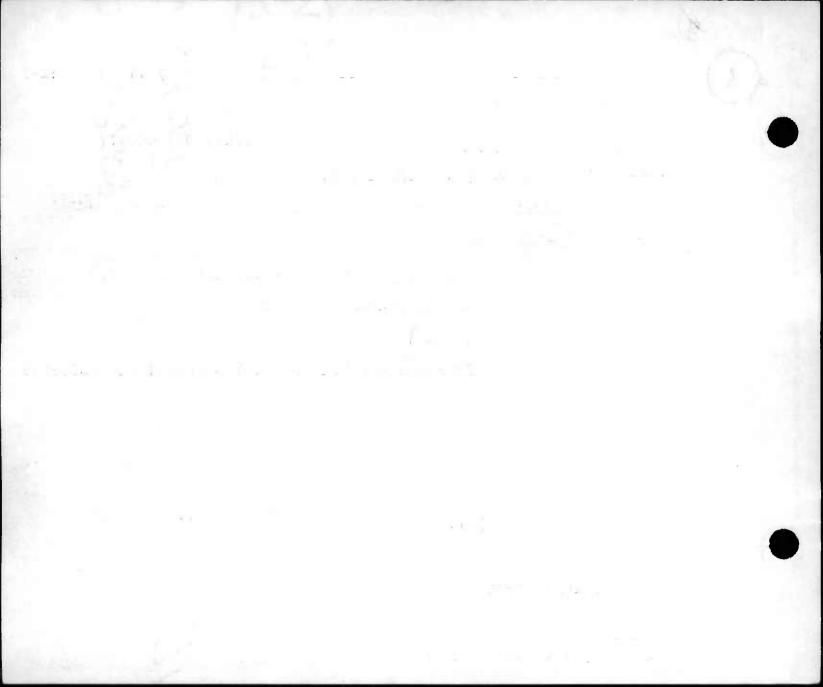
DEI

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGII	ENE 8		1	8	J	6	0
CERTIFICATE OF DEATH		REG. N	NO.				
LAST	2a DATE O	F DE ATH	MONTH	DAY	YEAR	26. HO	UR
DULL			7 /	11/5	21.	Ι Q .	2 -

- 1	2000						AST		A DATE OF DEATH		DAY YEAR	Tat. 110110	_
		CEASED NAME OR PRINT)	1L			ULL		20 DATE OF DEATH		1/84	8:2-F	O	
2		Female RTHPLACE (STATE ORF		WHAT COUNTRY? 8.				6 AGE IN YEARS LAST 67 9 BALTIMORE CITY		NTHS DAYS HOURS MIN.			
2	M	aruland		U.S.		WIDOWE	DIVOR	CED 🔲	BALTIMO			MI	
Ø	TOWSON 11. NAME OF CHAPTER OF THE PROPERTY OF				HOSPITAL, NURSING HOME OF OTHER INSTITUTION 15 ACULTY GIVESTREE ADDRESS) CHARLES ST			126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Ret. State ROAIS					
6	13a. S	AL RESIDENCE (# NURS TATE Maryland	13b. COUN		136. CITY OR TOV TOWSON	VN		XX	13e.STREET ADDRES 8611 Dru	s / zip cot wwood	$\stackrel{\text{RD.}}{RD.} = \stackrel{\text{2}}{=}$	1204=	
Y		THER'S NAME Charles	Dan		1more		15 MOTHER'S MA ROSE	Pier Pier	ce widdle		ĮA3	ST.	
/		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SECT		Mrs Anne	Emer	ine 9812	Monro	2103 e St. C	0 ookgvil.	_ le
		NO 1220-36-7921 MTS Affile Effective 9812 MONTOE 2 18. CAUSE OF DEATH (Enter only one couse per line for (D), (b), and (c) PART I. DEATH WAS CAUSED BY CARD 10 PULMONARY ARREST IMMEDIATE CAUSE (a)										MATE INTERVAT	<u>.</u>
7	NOI	gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS C			R AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRIBUTING TO	AT ED			INTRA AE				<u> </u>
1	CERTIFICATION				ITION FOR WHICH OPERATION WAS PERFORMED			D				EFINDINGS USED CAUSES OF DEATH?	
7	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CALEXAMINER	P.	M, MONTH D M.	AY YEAR		/ OCCURR	ED (ENTER NATURE OF 19	N)URY IN ITEM 18	PART (OR PART 7)		
	MED	21d INJURY OCCURE	HE		REET FACTORY, OFFICE		21f LOCATION STREET		C ITY OF	TOWN	COUNTY	STATE	
1		270. I certify that (I) sow the decease phove, (I) (we) (C 270. SIGNATURE	(this hospited of olive on didudid no	tol) ottended the	otter depth.		DEGREE ATTEN	9 84) opinion d		TAFF	.		s#
1		224 PHYSICIAN'S NA	EWARD				GBMC					/ /	
		URIAL, CREMATION,	REMOVAL	23b. DATE 7/14/			emetery or crem dm Memori		23d LOCATION CITY OF TOWN	ltimor	COUNTY	STATE	_
		Burial UNERAL DIRECTOR NAME CONARD J.	Ruck					250. DATE	REC'D. BY REGISTR	AR 25h REGIS		vandelle	_

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



FOR - STATE REG DECEASE (TYPE OR PRIN 3. SEX Fe BIRTHPL COUNTRY 10 CITY OR Wood. USUAL RES 130. STATE

and campletely filled in by the funeral director, p ages I and 2 should be filed within 72 haurs after

corban papers. Pages

medical

injury, or ather traumotic event, the

within 24 hours after

executed

MD.

OR ATTENDING PHYSICIAN: The

attending physicion

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Female White White Maryland U.S.A. WIDOWED Baltimore Country Widowed Baltimore Country Widowed Widowe	
HARY ELIZABETH DUNKERLY 7/7/84 3. SEX Female White S DATE OF BIRTH MONTH BIRTHPLACE (STATE OR FOREIGN OUNTY) Maryland U.S.A. WIDOWED (MONTH ON THE RINSTITUTION OF MARKING LIFE) WOOdlawn USS.A. WIDOWED (MONTH ON THE RINSTITUTION OF MARKING LIFE) WOOdlawn USSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) USSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) Baltimore Woodlawn Woodlawn Woodlawn Woodlawn Woodlawn Woodlawn IS MOTHER'S MAIDEN NAME FIRST UNKNOWN WOODLE FIRST UNKNOWN WOODLE LAST IS MOTHER'S MAIDEN NAME FIRST UNKNOWN WOODLE FIRST UNKNOWN WOODLE LAST DURKNOWN IS MOTHER'S MAIDEN NAME FIRST UNKNOWN WOODLE FIRST UNKNOWN WOODLE ADDRESS 2611 Larchmont II ADDRESS 2611 Larchmont ADDRESS 212-18-9592 Joseph Andrews ZOONSEDIKANOWN DUE TO, OR AS,A CONSEQUENCE OF Conditions, if any, which DUE TO, OR AS,A CONSEQUENCE OF CONSTITUTE OF BURKEN OF	AY YEAR 26 HOUR
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Female White 8 4 1886 97 YRS BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED PART I. DEATH WAS CAUSED BY: Maryland U.S.A. WIDOWED DIVORCED Baltimore Country or country or country or country or country or marking limits of the part I. DEATH WAS CAUSED BY: Marking Marking Never Marking Part I. Death Was Cause (b) Cause of the part I. Death Was Cause (b) Cause	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE STATE OR FOREIGN 78 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY ON OR DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ONTHS DAYS HOURS MIN
Maryland U.S.A. WIDOWED DIVORCED Baltimore Cot	OF DEATH
12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2611 Larchmont Dr. 21207 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Dr. 21207 13. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 13. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. USUAL RESIDENCE BEFORE ADMISSION 13. USUAL RESIDENCE BEFORE ADMISSION) 13. USUAL RESIDENCE BEFORE ADMISSION 13. USUAL RESIDENCE REFORE ADMISSION 13. USUAL RESIDENCE REFORM ROTOR	untv MD.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Md. 13b COUNTY Baltimore Woodlawn 13c CITY OR TOWN Woodlawn 13d INSIDE CITY LIMITS? 2611 Larchmont I 15 MOTHER'S MAIDEN NAME FIRST Unknown 15 MOTHER'S MAIDEN NAME FIRST Unknown 16d WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR JINKNOWN) (IF YES, GIVE WAR OR DATES) 212-18-9592 Joseph Andrews 2611 Larchmon 18 CAUSE OF DEATH (Enter only one couse per line for IO., (b), ond IC PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which (b) UNKNOWN 17 INFORMANT ADDRESS Joseph Andrews 2611 Larchmon Conditions, if any, which DUE TO, OR AS, A CONSEQUENCE OF Conditions, if any, which	126 KIND OF BUSINESS OR
136 STATE Md. 13b COUNTY Baltimore 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2611 Larchmont I 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16c SOCIAL SECURITY NO 212-18-9592 Joseph Andrews 2611 Larchmont I 18 CAUSE OF DEATH Enter only one couse per line for 10 (b), ond 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Cause of Science 16c Social Security No 17 INFORMANT ADDRESS 16c Social Security No 18 CAUSE OF DEATH Enter only one couse per line for 10 (b), ond 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Cause of Science 16c Social Security	Own Home
Unknown Social Security No 17 Informant Address 166 Social Security No 17 Informant Address 18 CAUSE OF DEATH Enter only one couse per line for 10 16 ond 10 PART I. DEATH WAS CAUSED BY:	21207 Or. Woodlawn,Md
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18 CAUSE OF DEATH Enter only one couse per line for to l, (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which (b) Conditions, if any, which	
DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which (b) Cauche faceluse faceluse for faceluse faceluse faceluse Conditions, if any, which	nt Dr. 21207
gove rise to immediate couse ioi, stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF ICI PART OTHER MIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	en in part 10
THE DATE OF ORERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
	TING CAUSES OF DEATH?
270. CONTRIBUTION	RT 1 OR PART 2)
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK NATIONE, STREET, PACTORY, OFFICE, PARON, ETC.)	a.(
270. I certify that (I) (the hospital) attended the declased from 19 19 19 19 19 19 19 19 19 19 19 19 19	ond from the causes stated
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT) 226. ADDRESS 227. ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT) 227. ADDRESS	7-7-84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remaye carbanpapers. P with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal. MAPORTANT: If Hem 21 is marked or Item 18 shaws ony A. Bradley Daugharethy 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

23d. LOCATION Baltimore

1264 Francis Ave. Arbutus 21227

Md.

0

250. DATE REC'D. BY REGISTRATIZS REGISTRAT'S SIGNATURE OF OR 1630 Edmondson Ave Catonsville, Md & Russell C. Witzke Funeral Home JUL 1984

7/10/84

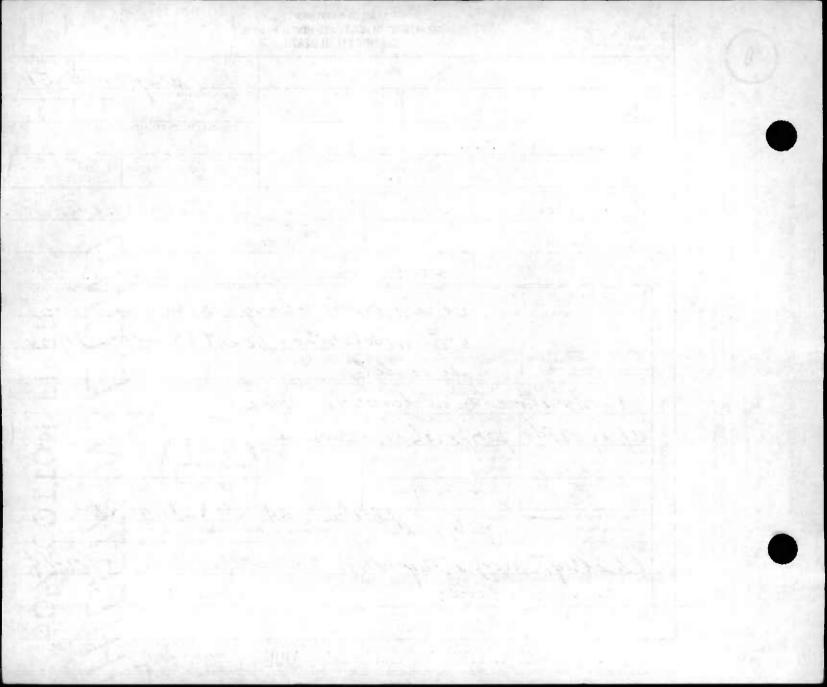
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retained by the haspital ar

HOSPITAL

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DHMH - 16 50M 1/76 (VR A 15 (4))



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

BP.______ DHMH - 16 50M (VRA 15, 4

2	1. DECEASED NAME (TYPE OR PRINT)	FIRST				REG. NO		
2		VERNON	MIDDLE	04	INLAP	07-2.	2-84	YEAR IF UNDER 24 H
met 5	Male Male		ite	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MI
20	76 BIRTHPLACE (STATE OR COUNTRY) Maryland	U.	S · A ·	WIDOWE		BALTIMORE CITY OF	RECOUR	TI
50	TOWSON	(IF NOT IN SI	OSEPH'S	ADDRESS)	SPITAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Supervis	WORKING LIFE) INDU	ind of Business (Istry Lephone
约	Maryland	Baltimor	13c. CITY OR TOV	VN	YES NO 💢	134.STREET ADDRESS / 8811 Li		Rd.212
80	14. FATHER'S NAME William		Dunl	-	Is. MOTHER'S MAIDEN NAM Cather	MIDDLE		Lang
/ medica	16a WAS DECEASED EVER	IN U.S. ARMED FORCES?			Nellie R. 1			21234 ood Rd.
we ony injury, or other fro	PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIV	nificant conditions	e Caucer	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	NAL DISEASE OR CONE	206. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?
m.18 sho	00.000.000.000.00	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPA	ART 7)
rked or the	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY AT WORK AT WORK	RED 21e PLAC	E OF INJURY STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn cour	NTY STATE
21 is mo	sow the deceos	(this hospital) attended ed alive on did) (did not) view the bac	22 19	84.0	27 , 19 FY and that in (my) (our) opinion of	eoth occurred on the do	ite and hour and fro	, that (I) (we)
ANT: If Hem	226. SIGNATURE	w wor			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	7/22/84
MPORT		aud worf				Drive Bu	. Ct., 10	
	23. BURIAL, CREMATION, SPECIFY, Burial 24. FUNERAL DIRECTOR				emetery or crematory odCemetery	23d LOCATION CITY OR TOWN Baltimo EREC'D, BY REGISTRAR	re Co.,	MD

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

offending physician.

etained by the haspital ar

BP.

Item 18 shows any injury, ar other traumatic event, the medical

IMPORTANT: If them 21 is marked or

ige 3

death. Page 4 may be

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
STATE	CERTIFICATE OF DEATH

1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
	CEASED NAME	FIRST	,	AIDDLE	· ·	AST		HINOM	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	ANNA	KATI	ERINE DU	JPUY			7/21	1/8/	5:00P M
3. SE	X		RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS
Female White De			c 16, 1904	79	YRS	MUNIHS DAYS	HOURS MIN.			
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8						XX NEVER MARRIED	9 BALTIMORE CITY O			
Maryland U.S.A. MARRIED BALTIMORE COUNTY						MD.				
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION 1120 KIND OF BUSINES (IMPE OF WORK FOR MOST OF WORKING INF) INDUSTRY							OF BUSINESS OR			
TOWSON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC 6701 N CHARLES ST (TYPE OF WORK FOR MOST C) ACCOUNTANT						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Airc	raft		
13n S	AL RESIDENCE (IF NUR	136 COUN Bal		13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / 604 Picc	ZIP.COD	Œ	
	aryland	bal	.to.	Towson		YES NO TO		adill	Ly Road	21204
14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		14	51
	George			Ritter		Sophia	7119000		Muel'Î	er
	VAS DECEASED EVER			166 SOCIAL SECL	RITY NO.	17 INFORMANT	ADDRE	SS		
. (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-01-3	085	Mr. Lud Dupuy	604 Piccad	illy	Road 21	.204
	18. CAUSE OF DEAT			line for (a), (b), an	dici				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V		BY CAUSE (a)	BREAS	ST CA	NCER WITH M	METASTASIS			
		DANAEDIA		R AS A CONSEQUE						
	Canditians, if any	, which	(, b)	R AS A CONSEGUI	ENCE OF					
	gave rise to im	mediate),							
	underlying coust		DUE TO, OF	R AS A CONSEQUI	ENCE OF					
	DART 2 OTHER SIG	NUE IC ANT C	ONDITIONS CO	NITPIBLITING TO	DEATH BUT	NOT RELATED TO THE TERM	INIAL DISEASE OF CONI	DITIONICI	IVENI INI DART 1.	
N O	SEPS		01401110143 <u>cc</u>	ZINIKIDOTINO TO I	DEATH DOT	NOT RELATED TO THE TERM	III AL DISEASE OR COIN	DITION	IVEIN IIN I AKT TI	o .
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
Ę							YES NOT		IFYING CAUSES	NO []
E .	210 ACCIDENT WAS UN	DERLYING	216 TIME O			21c HOW INJURY OCCURE		BI MATEM IS	PART OR PART 2)	
At C	OR CONTRIBUTING			M. MONTH D						
MEDICAL	(IF EITHER NOTIFY MED		21e PLACE (19	211 LOCATION				
ME		HILE		EET FACTORY OFFICE F	ARM ETC J	STREET	CITY OR TO	WN	COUNTY	STATE
			al) attended #h	e deceased from	. 7	/10 19.84	to7/21		19_81	that (1) (we) last
	22a I certify that (I saw the decease	ed alive on	1/4	27 19 6	34 or	d that in (my) (aur) opinian	death occurred on the do	ate and ha	our and fram the	causes stated
	abave, (I) (we) (22b SIGNATURE	ala) (ala nat	view the body	A death.		DEGREE			22s. DATE	SIGNED
	- Carl	10k	K. K.	Vacan	1	A D ATTENDING PHYSICIAN	MEDICAL STAI		7/	2)/84
	224 PHYSICIAN'S N	AME (TYPE OR	PRINT)	2101		22e ADDRESS] DIRECTOR [] PHISIC	IAIN		-/-
	DR T.	н. н	LLMAN			GBMC				~
23o E	BURIAL, CREMATION	, REMOVAL	236 DATE	23c.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	SPECIFY) Buri		7-25-8			1.14	CITY OR TOWN		COUNTY	STATE
24 FI	JNERAL DIRECTOR		, 25	1 11	OLCIA.	250 DAT	RECD BY REGISTRAR	736 REGIS	STRAR'S SIGNAT	TURE Md .

DHMH - 16 50M 4/83 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Road 21212

ina Davidson- Randelle

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FOR DEPARTMENT STATE

24 FUNERAL DIRECTOR
NAME
Walter Dabrowski - 1005 Dundalk Avenue 21224

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6	-	-

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN APPELLAND JUL 10 1984

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE TALL		10 LA 1	20. DATE OF DEATH	NONTH DAY	YEAR 26 HOL	JR
ł	1.SEX	4 RACE	5. DATE C	DE BIRTH	6. AGE LIN YEARS LAST BIRT	HDAY) IF UND	ERIYEAR IF UNDER	R 24 HRS
ł	Male	Cauc.	MONTH	DAY YEAR	63	MONTHS	DAYS HOURS	MIN.
ł	70. BIRTHPLACE ISTATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	TRY? 8.	199	9. BALTIMORE CITY O	YRS.	ATH	
4	Maryland	U.S.A	MARRIEI	NEVER MARRIED	RAIS	MMAR	EGO	MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C		120 USUAL OCCUPATE		KIND OF BUSINE	
А	TOWSON	(IF NOT IN SUCH FACILITY, GIVES	STREET ADDRESS)	UNSPITAL	Machinis		cown Corl	k Se
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland			136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 516 Savage	ZIP CODE		
A	14. FATHER'S NAME	MIDDLE LAST	-	15 MOTHER'S MAIDEN NA	ME MIDDLE		1457	
Я	Bernard		ham	Anne	MIDDLE		Fischer	
1	160 WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRE	SS		
1		6/42 to 218-	09-7667	Mrs. Clara	Durham- 516	Savage S	Street 2	1224
1	10/2	nly one couse per line for (a), (b	o1, and (c1.)				APPROXIMATE INTE	RVAI D DE ATH
4	PART I. DEATH WAS CAUS	ED BY. TE CAUSE (a) CARD	10-RESI	MATORY 1	9 MALEST		MINS.	
		DUE TO, OR AS A CONS	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 11a	
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [196 CONDITION FOR W	4	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USE CAUSES OF DEA NO [TH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21€ HOW INJURY OCCUR	RED (EPRER NATURE OF INJUS	CY IN ITEM 18 PART 1 OF	(PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	ZII. LOCATION STREET	CITY OR TO	wn co	YINUC	STATE
	sow the deceased olive o	oital) ottended the deceased from 8	01.	nd that in (ny) (our) apinion	death accurred an the do	ite and haur and	ram the couses st	we) last lated
	22b SIGNATURE	//	N		MEDICAL STAF	F	7/9/8	4
1	TAMES W.	EAGAN, JR.	Mis.	DEFT OF P.	ATH ST. JE	SERY HO	SP BHU	0, -43
1	23a BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	r Our	NIY	STATE
	Burial	07/12/84	Sacred	Heart of Jes	us	Baltimore		d.

DHMH - 16 50M 4/83 (VRA 15, 4)

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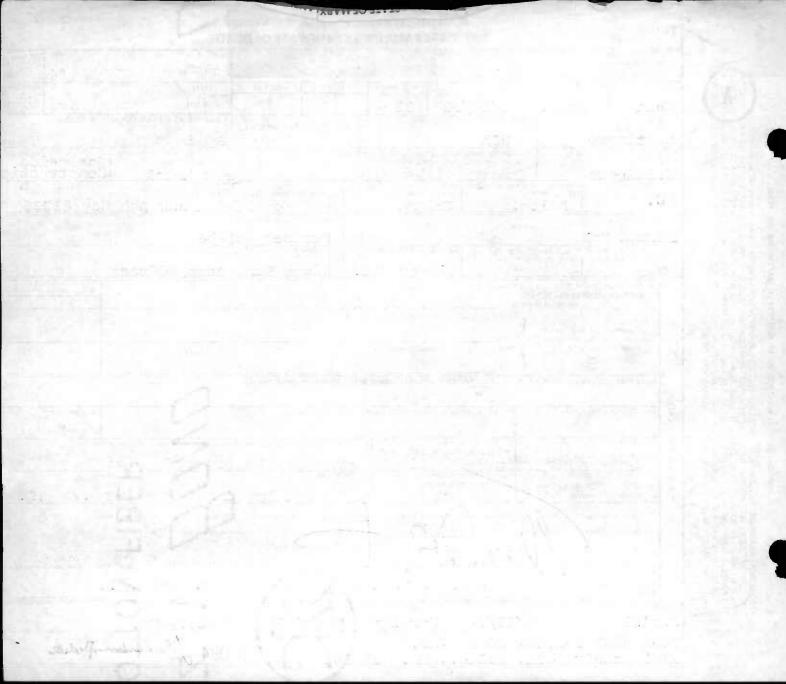
DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE 4 Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 130 SIREEI ADDRESS Marlyn Ave Helldorfer ADDRESS Same 20 AUTOPSY? YES COUNTY STATE and in my apinion

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20M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	40.	0 0	9 /
	CEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH		Y YEAR	2b. HOUR
Link	CATHER	INE MA	RIE	ELL	IS	July 1	, 1984	Į.	7:30a,
1. SE		4. RACE		S. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS.
1	Female	Whi	te	Nov	. 10, 1901	82	YRS.	DATS	HOURS MIN.
70. B	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
M;	aryland	U.S.	Α.	WIDOWE		Baltimor	e Cour	ıtv	MD
0 C	ITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b. KIND OF	F BUSINESS OR
	owson	Dulane		n Nu	rsing Cente	TYPE OF WORK FOR MOST			e of Mo
13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		13c. CITY OR TOW Baltim	N	134 INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 123 W. 2	9th St	. 2]	1218
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			1,451	
	Francis		Sauer		Catheri	ne		Mill	ler
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS	212	239
	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	216-10-	2218	Gloria Jea	n Evans,	1316 W	Valke	Ave.
4	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	anly one cause per SED BY: ATE CAUSE (a)	nine far (o), (b), and	edr	as INFA	rit [m]		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
NO	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	VINAL DISEASE OR COI	NDITION GIVEN	IN PART 1(a	ıv —
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE		URY IN ITEM 18 PART	I I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	270.1 certify the (1) this hos saw the deceased oliver obove (1) (ne) (did) (and in 22b. SIGNATURE				DEGREE ATTENDING	MEDICAL ST/	AFF	22c. DATE S	
	224. PHYSICIAN'S NAME (TYPE	OR PRINE	***	1	22e. ADDRESS			-A	
	Meredith	Smith,	M.D.		1900 E. No	rthern Pk	wy.		
	BURIAL, CREMATION, REMOVA (SPECIES) Burial	July5	1984 0	ak L		23d. LOCATION CITY OR TOWN Dundalk	Bal	county Lto.,	STATE Md
2K	OBERT CR. ALT	ENBURG	FUNERAL	HOM		E REC'D. BY REGISTRA	R 7 DEGIS RA	R'S SIGN	VRF.
01	009 Harford	Ka., Ba	alto., M	a •	21214	9 807	0		

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR.

per thee wearful A De Carlo Company of the Company of 645431 33 66 3 67 AND THE PARTY OF T THE THE PERSON OF THE PARTY OF Torontological tin, a.g., This is Econice, Firm. Markinson Alex

		EASED NAME FIRST OR PRINT)		WIDDLE	i	AST				DAY YEAR	26 HOU
		JAM				LSBERRY		TH MATED [J 7	2 19 84 DAY YEAR	
3	SEX	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHE	DAY) MONTHS		IRS MIN PRON	ATE OUNCED	MONTH		1:15
7.		THPLACE (STATE OR	2 01	1948 36 v	10		1 BAI	TIMORE CITY	OR COUNT	2 1984 Y OF DEATH	T D A
	FOR	EIGH COUNTRY)	V.S.		WIDOWE	D NEVER	MARRIED	altimor			M
		Y OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOM	E, OR OTHE	R INSTITUTION	12a. USUAL OC	CUPATION (TY WORKING LIFE)		12b. KIND OF BU OR INDUST	JSINESS
		owson	(motel)	1507 E. Jo	ppa Re	d.	THE	RAPIST		RADIATI	ON
	a. ST	RESIDENCE (IF IN NURSING HOM ATE 13b. COL	INTY	BALTO.	SION)	13d. INSIDE CITY LIN	11157 13e STREET AC	DRESS VHAVE	n PL.	21236	73
1	FA'	THER'S NAME FIRST OBERT VA	AVGHN	ELSBERI	2/4	15. MOTHER'S PERST	LY M	MIDDLE	RLEC	HER	
10		AS DECEASED EVER IN U.S. A		166. SOCIAL SECURI		17 INFORMAN		ADDRES	S	11	
L		NO	-	212-54-6	277	RITA	ELSBERR	5	DUMH.	AUCA A	PL,
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE IMMEDI	SED BY: IATE CAUSE (0) Ami	itriptylin		xicatio	n		-	BETWEEN ONSE	T AND DEATI
		Conditions, if ony, while gove rise to immedia	ch	S A CONSEQUENCE	Or						
		couse (a) stating the under	DUE TO, OR A	AS A CONSEQUENCE	OF						
		lying coose lost.	1-1								
		PART 2 OTHER SIGNIFICANT CONDITIO	(c) NS <u>contributing to oeath</u> be	JT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVE	N IN PART 1 (a).				
		PART 2 OTHER SIGNIFICANT CONDITIO								IZE AUTOPSY	2
				ON FOR WHICH OPE						20 AUTOPSY	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19th DATE OF OPERATION 21th EXTERNAL CAUSE WAS	196. CONDITE	ON FOR WHICH OPE	RATION WA	AS PERFORMED	? CURRED (ENTER NATURE)		8 PART 1 OR PAR	YES 🕟	, 5
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19th DATE OF OPERATION 21th EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	196. CONDITE 216 TIME OF HOUR A.M. F DEATH P.M.	ON FOR WHICH OPE INJURY MONTH DAY YEA 7/2 19	RATION WA	S PERFORMED WINJURY OCC	?		8 PART I OR PAR	YES 🕟	
	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19th DATE OF OPERATION 21th EXTERNAL CAUSE WAS UNDERLYING OR	216 TIME OF HOUR A.M. 216 PLACE OF STREET, FACTOR	ON FOR WHICH OPE INJURY MONTH DAY YEA 7/2 19	RATION WA	WINJURY OCCUPIED ATION	? CURRED LENTER NATURE 1gested dr	ug.		YES 🕟	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19th. Date of operation 21th external cause was underlying or cause of contributing cause of contributing of cause of contributing of the contribution of the	216 TIME OF HOUR A.M. F DEATH P.M. 21e PLACE O STREET, FACTO	ON FOR WHICH OPE INJURY MONTH DAY YEA 7/2 19 FINJURY (AT HOME. DTEL OTEL ribed obove, held on	RATION WA	WINJURY OCC Dject in ATION REEL TE. Joj	CURRED LENTER NATURE DESCRIPTION OF THE CONTROL OF	eriown M	COL	YES X	но 🗆
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that I took cho	216 TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO Orge of the remains description	ON FOR WHICH OPE INJURY MONTH DAY YEA 7/2 19 FINJURY (AT HOME. DTEL OTEL ribed obove, held on	RATION WA	WINJURY OCCUPATION ATION REET WELL ATION REET WELL Homicide	ection . Inq	wson, M	d. cou	YES X	№ □
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that I took cho	216 TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO Orge of the remains description	ON FOR WHICH OPE INJURY MONTH DAY YEA 7/2 19 FINJURY (AT HOME. DTEL OTEL ribed obove, held on	21c. HO 81 sub 21f Loc 150 Autops	WINJURY OCCUPATION THE TOTAL CONTRACT WINJURY OCCUPATION THE TOTAL CONTRACT WINJURY OCCUPATION WINJUR	CURRED IENTER NATURE ngested dr ppa Rd. To pection . Inq Undetermine FY)	MIOWN MINOR, MI	d. cou	YES YES YES	NO .
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took che death resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME ADD	216 TIME OF HOUR A.M. P.M. 21e PLACE O STREET, FACTO Orge of the remains description	ON FOR WHICH OPE	21c. HO 81 sul 21f. LOC 150° Autops:	WINJURY OCCUPATION REET WINJURY OCCUPATION RE	Pection . Inq Direction . Inq Direction . Inq Direction . Inq Direction . MEDICAL E	wrown M wron, M d monner	d. COL	YES X UNITY DINION 7-3-8	NO STATE
7	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took che death resulted from: No	19b. CONDITION 19b.	ON FOR WHICH OPE	21c. HO 81 sul 21f. LOC 150° Autops:	WINJURY OCC DJect in ATION REET JOJ W. Inst Homicide TITLE (SPECI DASSIST	CURRED IENTER NATURE ngested dr ppa Rd. To pection . Inq Undetermine FY)	or Town Misson, Misson	d. COL	YES QUINTY DINION 7-3-8 21201	NO STATE

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deoth certificate be executed within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the should be desoched for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be thed with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

MAPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner final termotion.

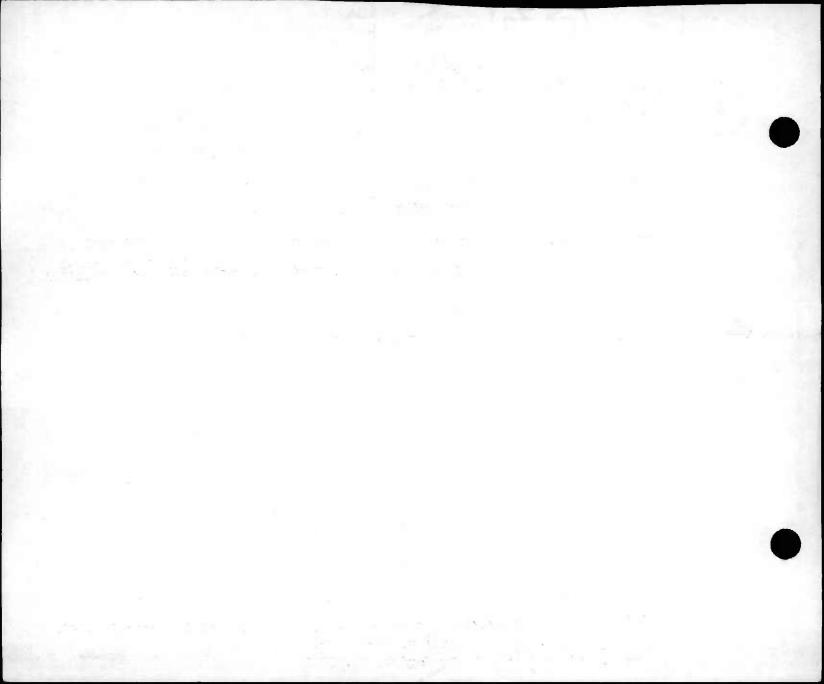
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	١-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		EASED NAME	PEARL		STHER	-	INGLE	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
		,	Pearl	23.	OIMBIC		ngle		7	2 1954	10135 PM
	3 SE>	(4 RACE		5 DATE C	FBIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
)		Femore	10	Whil	* _	MONTH 2	02 1908	,	6 YRS	MONTHS DAYS	HOURS MIN.
10		RTHPLACE (STAT			WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
B)		Marylo	200	U. 4	S , /A .	WIDOWE		Baltino	ron.e	COUN	4 W MD
16	10 CI	TY OR TOWN OF		11. NAME OF H		NG HOME C	ROTHER INSTITUTION	12a USUAL OCCUPAT	HON	12b KIND O	OF BUSINESS OR
00	C	altimo	re	Baltin		Count	1 General	SPRING			PILOI
25	USUA			OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDECITY LIMITS?	13e.STREET ADDRESS			0 /
20		CAYLOR	D Fre-1	1.2	Freder		YES X NO	38>PE		STO	31701
11		THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
01	G	eorge	W.	AIDDLE (Gosser		Esther	WIDDLE		leimbach	
01	16a W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR		earl Str	2004
2	TAS	3 . No or or area	(# 123, 011	THAN ON DATES!	171-05-	2086	Mr. Isaiah	H. Engle	reder	ick .Md.	21701
		18 CAUSE OF D	EATH (Enter onl	y one couse per	line for (a), (b), a	nd (c				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEAT	TH WAS CAUSE	BY:	Exsens		4,100 0				
			IMMEDIAI								
		Candisian if		DUE TO, OF	AS A CONSEQU		1. 0	T.C.			
		Conditions, if gove rise to	immediate	1b)_C		240	CIAD D	-L - Co- 1			
		couse (o), s underlying c		DUE TO, OF	R AS A CONSEQU	JENCE OF					
		B. 187.0. 071150		(c)		DF 1711 0.17					
	N.	PART 2 OTHER	SIGNIFICANI	ONDITIONS <u>CC</u>	NIRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIV	VEN IN PART TI	5
7)	CERTIFICATION	190 DATE OF OP	ERATION	19b CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
4	Ш			100				YES NOT	- 1	FYING CAUSES	OF DEATH?
	ERT	21a ACCIDENT WA	S UNDERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR				
4			CAUSE OF DEA	In .	M. MONTH						
/	DICAL	21d INJURY OC	MEDICAL EXAMINER	21e PLACE (19	211 LOCATION				
	MEDI		OT WHILE		EET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
				i. v. 1 (a)	1 16	TULL	2 19 84	10 JUly	.o	10 SAH	
			ceosed alive on.		deceased from	5-4	d that in (my) (our) opinion		late and ha		that (I) (we) last
		obove, (I) (v	ve) (did) (did not	view the body	ofter deoth.			deom occurred on me c	idre ond not		
		226. SIGNATURE	0				DEGREE ATTENDING	MEDICAL STA	AFF /	22c. DATE	SIGNED
-		alla	in L.	Clury	CUR	M.D.	PHYSICIAN [DIRECTOR PHYSI	CIAN	7-	2-84
1		22d, PHYSICIAN	'S NAME (TYPE OF	PRINT)			27e ADDRESS				
-/		Alla	200	China	cus A	7. P.	32-K-STO	OCHMILL	BD	2	1208
		URIAL, CREMATI	ON, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Be	mial	6.00	Jul/6	/1984 I	Restha	ven Mem. Gar.	Frederick	, Fre		
	18	TENY ON THE	Xach	riph	1201	N. Max	rket Stul 15 PA		R 25h REGIS	TRAR'S SIGNAT	URE
	Ro	bert E.	Dailey	Son, P	A Frede	erick,	Md.21701	guia	vavidson	n-Handell	-

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The etoined by the hospital or attending physician



mury or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MEN			1 0	3	, 0	
	1 DEC	EASED NAME	FIRST		AIDDLE		AST		REG. NO		YFAR	2b HOUR	_
1		OR PRINT)	MARY		CATHARI		ENOS		July 31			B:45A M	
	3. SEX			RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTI		DER) YEAR	IF UNDER 24 HRS	
		Fema	le.	Whi	te	Octob	per 30, 18		85	YRS.		HOURS MIN.	_
		RTHPLACE (STATE ORF	OREIGN	L CITIZEN OF	WHAT COUNTRY	8 MADDIE	D NEVER MARE	IED 🗍	9 BALTIMORE CITY OF	COUNTY OF D	EATH		
1	1	rvland		U.S.A.		WIDOWE			Baltimor	e County	7	MD	
7		TY OR TOWN OF DEA	ATH .	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUT	ION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	F BUSINESS OR	
4	ISLIA	Towson	INC NOME OF	-	y Towson		ing nome		Homemake	r	Own H	iome	-
0	13a. S		136 COUN		13c. CITY OR TOV	WN	13d. INSIDE CITY L		13e.STREET ADDRESS /				
		ryland	Balt	imore	Timoni	um	YES NO		206 Quake	r Ridge	Rd.	21093	_
7,	IA FA	THER'S NAME		NDOLE	LAST		15 MOTHER'S MA	IDEN NAM	NE MIDDLE		LAST	T	
	Eu	gene			Evans		Sus	anna			Pri	Lce	
	16a W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE:	SS			_
	No		(IF TES, GIVE	WAR OR DATES	215-05-	8498n	Robert :	E. En	os - Same a	s #13e			
		18 CAUSE OF DEAT	H (Enter anl	y ane cause per							BETWEEN	MATE INTERVAL ONSET AND DEATH	=
		PART I. DEATH W		BY: CAUSE (a)	Cardia	c arre	st						Ī
			IMMEDIATI			IENICE OF							-
		Conditions, if any,	which	DUE TO, OI	Acute 1		dial infa	retie	on .				
		gave rise to imr	nediate) (b)-				20020	211				-
	8	cause (a), statin underlying cause			Aortic		ele						
		DARKS OTHER SIGN	LIFIC ANIT C	(c)				THE TERMS	NAL DISEASE OR COND	UTION CIVEN IN	DART I		=
	z o	Diabetes					NOT RELATED TO	I TE I EKMII	NAL DISEASE OR COINL	MINON GIVEN IN	PART III	1.	
d	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	206 IF YES, WER			-
4	읦								YES NOTE	IN CERTIFYING YES	CAUSES	OF DEATH?	
5	ER	21a. ACCIDENT WAS UNI	DERLYING	216. TIME O			21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUR		R PART 2)		-
f	7	OR CONTRIBUTING		11	M. MONTH D								
	MEDICAL	(IF EITHER, NOTIFY MEDI-		P.I		19	211 LOCATION						_
	WE	WHILE NOT WE			EET, FACTORY, OFFICE	FARM ETC }	STREET		CITY OR TOY	vn C	OUNTY	STATE	
				-1) assended the		Peb.	6	61	to July 31	19	84	that (1) (W e) last	-
		22a I certify that (I) sow the decease		July	20 19		· ·		eath accurred on the da			1 100	
		abave, (1) (**e) ((did not	view the body	ofter death.		DEGREE	- opmon a	com accorded on the da		22c DATE		_
		226 SIGNATURE	260		16	(1)	ATTEN	NDING .	MEDICAL STAF	F .			
_		122cm	<u> </u>	عي ر	7	~		ICIAN X	DIRECTOR PHYSIC	IAN 🗌	7/31/	784	_
		22d PHYSICIAN'S NA	AME (TYPE OF	PRINT			22e ADDRESS						
				od, M.D				-	ow Drive				_
		URIAL, CREMATION,	REMOVAL	23b. DATE	23¢	NAME OF C	EMETERY OR CREA	NATORY	23d. LOCATION CITY OR TOWN	COU	NIY	STATE	-
		rial		8-3-8		Dru	id Ridge		Baltimon	-6		Marylar	10
		INERAL DIRECTOR			TOT	wson, M	d.21204	25 PATE	REC'D BY REGISTRAR	SE REGISTRAR'S	SIGNAT	URE	
	Ruc	k Towson	Funera	1 Home,	Inc. 10	050 Yo	rk Road	HUG	2 1984	- wands	01-10	mobile	ı

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR , thould be detached for use with the State Dept, of Hea MPORTANT: If them 21 is m

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	2b HOL	JR
	JUNE - 7-	9 -	84	12:4	HOAN
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
8	76 YRS.	MONTHS	DATS	HOURS	MIN.
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH -		
Part of	100 N. 1000 V.	4	11/	1 .	

3. SEX 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN

MARRIED NEVER MARRIED WIDOWED X

DATE OF BIRTH

DIVORCED 1001110016 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION Manager

126 KIND OF BUSINESS OR INDUSTRY Dept. Store

I CITY OR TOWN OF DEATH Bakimone Da Aimone St. Toseph Hospi USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY .

Towson Baltimor

219-28-5022

13d INSIDE CITY LIMITS? YES 🗍 NO X IS MOTHER'S MAIDEN NAME

Hestor

Frederic D. Rates

VEAR

1679 Northern Parkway 21239 MIDDLE

Register

APPROXIMATE INTERVAL

Samuel

CERTIFICATION

MEDICAL

i d

ond Mentol Hygiene

ild be deta the State [MPORTANT:

orked or

(YES. NO OR UNKNOWN)

Maryland

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

Wilthank 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

U.S.A.

(1E NOT IN SUCH FACILITY GIVE STREET ADDRESS)

17 INFORMANT 16h. SOCIAL SECURITY NO.

20 Lake Lorraine Circle Shalima, Fla.

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10

(IF YES, GIVE WAR OR DATES)

30 mus

Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY
214 INTURY OCCUPPED	THE PLACE OF INJURY	ZIL LOCATION

NOI WHILE

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

HOUR A.M. MONTH DAY YEAR le PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

20a AUTOPSY?

CITY OF TOWN STATE

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

AT WORK 22a.1 certify that (1) (this haspital) attended sow the deceased alive on

DEGREE

ATTENDING MEDICAL STAFF

and that is (my) (our) opinion death occurred on the date and hour and from the couses stated

171 DATE SIGNE

23a. BURIAL, CREMATION, REMOVAL Burial

July11,1984

23c. NAME OF CEMETERY OR CREMATORY Chester Cemetery

22e ADDRESS

23d LOCATION CITY OF TOWN

STATE

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

Leonard J. Ruck. Inc. Baltimore . Md.

Chestertown 250. DATE REC'D. BY REGISTRAR 256.

(VRA 15, 4)

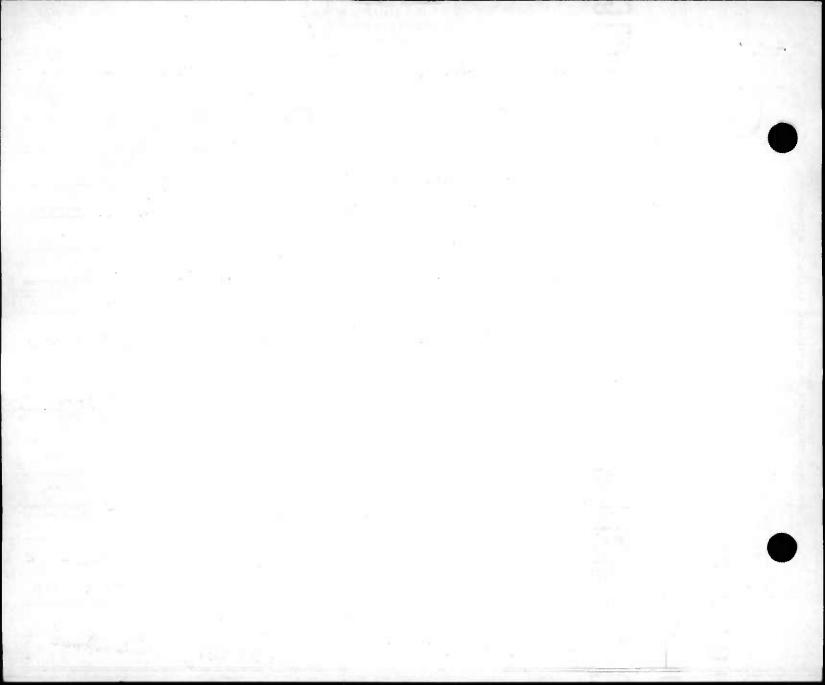
line Ivin erate June governori 1679 Vorthern far west 21239 COWSON f. Filthank Hestor Terristor aforth scinggol gale (in 219-28-7000 Prederic D. Dates Shalima, Fla. demonstration of the state of the same Level Diagnoster Superties 4500 THE COLD SE TOWNER THE BEET Surial July11,1984 Chester Cemetery busiyam. , motsotzedd)

Conard J. Hack, Inc. Baltingro, 1d.

_	-	FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 4	180	12
2	יין	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE	ι	AST	TO DATE OF DEATH MON	TH DAY YEAR	2b HOUR D
5 C 4	LIMPS	ORPRINT) ZYAMI	9	FABRIK	AN'	T	7-	23-84	10:15 M
	3. SE	X	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTHDAY		
1 ()A)		MALE	WHIT	Έ	MONTH	0-1-1895	88	YRS. DAYS	HOURS MIN
2 42		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	10	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
877	ď	RUSSIA	US	A	MARRIE		BALTIMORE	COUNTY	MD.
1 1 100	10 C	TY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND	OF BUSINESS OR
by the filed	G	ARRISON				SING HOME	MERCHA		ΓΑΤΙ.
be f	USU	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS A		
ed within 24 hou mpletely filled in and 2 should be		ARYLAND	11411	BALTIMOR		YEX X NO	5715 PARK		21215
tely 2 sh	14. F/	THER'S NAME				15 MOTHER'S MAIDEN NA	AME		
and Second		MOISHE	MIDDLE	FABRICANT	,	FIRST	UNKNOWN	1.4	AST
5 0		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT SOF	PHIE VAVULPISK	Y	
e ca E	l '	(IF YES, G	VE WAR OR DATES)	592-01-6	069		ON CIR., APT.		208
sicion pers.		18. CAUSE OF DEATH (Enter of	inly one couse pe	r line far (a), (b), an	dicz: a	0			XIMATE INTERVAL
stificat g physic an pape emoval event, i		PART I. DEATH WAS CAUS	ED BY ATE CAUSE (0)	yen	Ric	when Arry	Thing	IMI	1FALATE
2 56 5		William Co.		R AS A CONSEQUE	NCE OF A	0			
death attend attan, c		Conditions, if any, which	(1b)	A	cute	Myrcard	in whard	Loy IM	MEDIATE
a a E C +		gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQUE	NCE OF				1
that the by the case re		underlying cause last	(c)_						
gned b in pleas burial, ry, or a		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITK	ON GIVEN IN PART 1	(0)
ge se de	Š.	Cheg	N'C /	enal	ms	Afrawe	y mem	A. 15.P.7.	sochersly
ow re	3	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY? 201	IF YES, WERE FIND CERTIFYING CAUSE	INGS USED S OF DEATH?
The hour per how	CERTIFICATION						YES NO	YES 🗌	но 🗆
hysicial ficate fransit Hygiri 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 4		AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
SKIA ng ph certifi unal-tr iental	7	LIF EITHER, NOTIFY MEDICAL EXAMINE	R) P	.M.	19				
PHY ending this id M	MEDICAL	214 INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
offer of the orke	1	AT WORK AT WORK							
Heal		220 I certify that (I) (this has		he deceased from _	201	L3- 19 84		19_7	, that (I) (we) last
Spite Spite CTO d for a of		saw the deceased alive a abave, (l) (we) (did) (did r	n ot) view the bad	after death	• /		death occurred an the date o		
DIRECTORED DE CONTRACTOR DE CO		22b. SIGNATURE	4.1		MID	DEGREE ATTENDING	MEDICAL STAFF	22c DAT	E SIGNED
		70001	-ow		NI D	PHYSICIAN	DIRECTOR PHYSICIAN	0 /-	24-84
HOSPITAL and by th FUNERAL wild be dert h the State		224. PHYSICIAN'S NAME ITYPE	OR PRINT)			220 ADDRESS	: WILLIAM D.	DIVE D. 1.	h NA
to HOSPITAL etoined by to TO FUNERAL should be de- with the State		SHAUKAI	7 · K. F	N N	· <u></u> .			CITE; 15,000	1 1 0 -
	23a	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	1 236. DATE 7/24	100		EMETERY OR CREMATORY AMUNO	234 LOCATION CITY OF TOWN BALTIMO	COUNTY	STATE
BP			. , = .	,					IARYLAND
DHMH-16 20M	24 F	JNERAL DIRECTOR SOL 010 REISTERSTO	LEVINSON VN RD.	BALTORESMD	INC.	21215 250 DA	TE REC'D, BY REGISTRAR 236.	REGISTRAR'S SIGNA	A PROPERTY.
(VRA 15, 4) 7/78	L	OTO KETOIDIOIO	,			100	L 4 0 1304		

STATE OF MARYLAND

18072



7	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL H ICATE OF DEATH	YGIENE 3 4	1 8	0 7 3
		CEASED NAME FIRST	A	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
age 3 deoth	(1117	orprini)	E	S.	FΔRII	ι Δ ,	JULY	26,1984	6:00° M
i op	3. SE		4 RACE			FBIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	_	EMALE	WHITE	-	12	22 1902	81	YRS	
h		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED		COUNTY OF DEATH	H
1 37 12		ENNSYLVANIA	USA		WIDOWE	DIVORCED [BALI1MU	RE COUNTY	MD.
d with		TY OR TOWN OF DEATH		H FACILITY, GIVE STREET		OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUS	
yd n by	R	OSSVILLE AL RESIDENCE (IF NURSING HOME OR		IN SQUA		OSPITAL	HOUSEWIE	E HOI	ME
Silled in	130. S	TATE NA COUN	VIY	13c. CITY OR TOW	VN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		1221
# 50 EVY	_	THER'S NAME	WIDDLE	LAST	-314	15. MOTHER'S MAIDEN			LAST
and		JOHN -	MIDDLE	MICI	EL.	JULIE	MIDDLE		1/21
nd co		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	JRITY NO.	17. INFORMANT	ADDR	ESS	21237
Pool Co	L'	NO		2141231	173	Josephine	Kozlowski		
ysicio opers vol.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), ar	nd (ci.)			APF BETW	PROXIMATE INTERVAL
g ph on pr remo			TE CAUSE (a)	CARDIORE	SPIRA	TORY ARREST			
endin corb n, or motic			DUE TO, OI	R AS A CONSEQUE	ENCE OF	T FAILURE		N. S. Marie	
e dec move notion troui		Conditions, if ony, which gove rise to immediate	(b) <u>C(</u>	JINGESTIVE	. HEAK	1 FAILURE			
of the series of the crem		cause (a), stating the underlying cause last.	DUE TO, OI	r as a conseou	ENCE OF		4		
es the		PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMIN AL DISEASE OR CON	IDITION GIVEN IN PAR	RT 1(g
sign Then to b	NO	Diabetes Mellit	tus, Art	erioscle	rotic	Cardiovascu	lar Disease,	Atrial Fibr	rillation
been mit.	CERTIFICATION	Hoor MentainSta	tus condi	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAL	
he le long	E						YES NO	YES [NO [
hysic hysic Hyg		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	1 2)
SICING P P P P P P P P P P P P P P P P P P P	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.,		19				
r this the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	Y STATE
or o or o see as see as eoith mork		220. I certify that (this haspi	ital) attended th	e deceased from	JULY		34 , to JULY		4., that (we) lost
Prior TTEN TOR for up of H of H is		sow the deceased alive on above, ** (we) it (d)	JULYZO) 19_	84 , or	nd that in (De (our) opini	on death occurred on the d	ate and hour and from	the couses stated
DR A DIRECTOR PRECEDENCE CHECK		22b. SIGNATURE	9 6	/	MA	DEGREE			ATE SIGNED
ERAL D Store D ANT: If		Laten	D 60 (ussn	MD	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	JULY 26,1984
FUNER VIG be ORTAN		224 PHYSICIAN'S NAME (TYPE C				22e ADDRESS			
TO HOSPITAL TO FUNERAL should be det with the Store			USSIN, N				RANKLIN SQUAR	E DR., 212	37
	230	BURIAL, CREMATION REMOVAL		A COURT OF THE PARTY OF THE PAR		EMETERY OR COLLEGE	CHY OR TOWN	COUNTY	STATE
BP		Burial JNERAL DIRECTOR	7/30/	/84 S	t. St	anislaus	Balto DATE REC'D. BY REGISTRAN	Balte	
HMH - 16 50M 4/83 (VRA 15, 4)	1	Toll worl	121	(Chess	no A	~ / / /	JUL 2 7 1904	wha Davids	on for letter

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages I and 2 thould be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	8074
`[CEASED NAME FIRST Grace	V. Far	rmer	July 22, 1984	DAY YEAR 26 HOUR
	3. SE		4. RACE	5 DATE OF BIRTH MONTH 7/29/04	6 AGE (IN YEARS LAST BIRTHDAY) YRS	
15	(W. VA.	76. CITIZEN OF WHAT COUNTRY? VSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Coun	ounty MD.
51	F	ROSSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET	SQ. HOSP.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING #SWE	176 KIND OF BUSINESS OR INDUSTRY
30	13a S	MO. 136 COUN	A	RIVER YES NO P	130 STREET ADDRESS / ZIP CO	DR.
130			PERDU.	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
medicol		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 23289	8486 ROBERT	SANDERS	ABOVE
event, the		PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), on DBY: E CAUSE (a) Cardiopu	ulmonary Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	due to, or as a consequi	y Artery Disease		GIVEN IN PART 110"
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
Item 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.P.M.	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART OR PART 2)
morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, I		(ITY OR TOWN	COUNTY STATE
5		sow: the decessed alive on above (we) (did)	tol) ottended the deceosed from	84 ond that in (x (our) opinion	to JUTY 22 death occurred on the date and h	
MPORTANT: If Item 21		Cuth /	nglil	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/22/64
MPORTA		KEITH KEITH	ENGLISH, M		nklin Square Dri	ive, 21237
_	-	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7//2 11	NAME OF CEMETERY OR CREMATORY	BALTO	COUNTY A D STATE
1/ B 3	24 FL	T.G. CONNE	LLY 300	MACE 250. DA	JUL 2 5 1984 Jul	istrar's, signater and see

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

_	FOR
1 -	STATE
	DECICTOR

STATE OF MARYLAND

110	1
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26. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

MD

84

IF UNDER TYEAR

OF DEATH

Home

Lindgran

1 - STATE REGISTRAR		DEPARTN		ICATE OF E			G. NO.	
DECEASED NAME FIRST		B WIDDLE	Fe	rris		20. DATE OF DEAT	Н 07	18
Female	4. RACE Caucas	ian	5. DATE C	F BIRTH	90	& AGE (IN YEARS LA	ST BIRTHDAY)	MONTH S.
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TILLINOIS	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER /	MARRIED WORCED	9 BALTIMORE CI Baltimo	_	
Catonsville		HOSPITAL, NURSIN THE FACILITY, GIVE STREET, IN NEG. CT				120 USUAL OCCU	OST OF WORKIN	G LIFE)
USUAL RESIDE 20814 SING HOVE 130. STATE Mon	or other institution UNTY gomery	Bethesda		13d INSIDE C	ITY LIMITS?	13° 5945 3° P3	ess / ZIP Co resno	Road
4. FATHER'S NAME FIRST Auguat	WIDDLE	Johnson	1		MAIDENNA	ME	ne	
WAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (15 YES,	ARMED FORCES? GIVE WAR OR DATES)	559-01-5		Mrs.		. Ramage	item	13
IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		line for taly lor, and	ica /	uen	m	gir		
Conditions, if ony, which		R AS A PONSSOUE	NCFOF	abro	tios	temy	-	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

10. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJ

URY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

200 AUTOPSY?

214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on

CITY OR TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

YES F

IN CERTIFYING CAUSES OF DEATH?

22b. SIGNATURE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

NO [

224. PHYSICIAN'S NAME (TYPE OF PRINT

23d LOCATION

23a. BURIAL, CREMATION, REMOVAL (SPECIE Cremation

MEDICAL

7/19/84

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

22e ADDRESS

DEGREE

Suitland

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE MD.

FUNERAL DIRECTOROS. Gawler's Sons, Inc. 5130-Wisc. Av. NW Wash. DC 4020016 (VRA 15, 4)

190 DATE OF OPERATION

NOT WHILE

above, (1) (we) third (and not) view th

250. DATE RECED BY REGISTRAR 216 REGISTRAR AND LAW JAMES AREA STORY

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

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BP.

completely filled in by the funeral 1 and 2 should be filed within 72

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attending

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should be detached

IMPORTANT.

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		STATE OF THE			
		and the			
	x				
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	x			7/19/14	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

retained by the hospital or attending physician.

BP.

STATE OF MARYIAND

STATE OF MINKIEMID	- 6
EPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

8 0 7

	N	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
		ASED NAME PRINT)	AYMOND	C. Fink	20. DATE OF DEATH	7. 16 - 84	IN THOUSE
3.	. SEX	Male	Canc.	5. DATE OF BIRTH MONTH 7 - 17 - 1913	6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HR
35		HPLACE (STATE OR FOREIGN JINTRY) Mary and	76. CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWED DIVORCED	Battimore city of		4, 1
19	Ras	dallstown	Bato . Co.	Gen. Hospital	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTE	MORTURA
0	Ma. STA	ryland Bath		R TOWN 13d INSIDE CITY LIMITS?	3626 Tem		2113
50	Be	R NORD	MIDDLE F.	ST Helen	MIDDIE B ADDRE	. CR	ump
1		S DECEASED EVER IN U.S. AR , NO OR UNKNOWN) (IF YES, GP	ve war or dates) 213-0	05-8578 Clara G. F	ink 362	6 Templa	R Rd
		couse (a), stating the	DUE TO, OR AS A CON				
	P	underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	IG TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART	110
9	P		(c)CONDITIONS CONTRIBUTION		RMINAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN IN PART 706. IF YES, WERE FIN IN CERTIFYING CAUS YES.	DINGS USED
	CERTIFICATION d	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI	G TO DEATH BUT NOT RELATED TO THE TE WHICH OPERATION WAS PERFORMED 216 HOW INJURY OCC	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT O DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI	MHICH OPERATION WAS PERFORMED THE DAY YEAR 19 211 LOCATION	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES RY IN ITEM 18 PART 1 OF PART 2	DINGS USED SES OF DEATH? NO
	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE	(c)	MHICH OPERATION WAS PERFORMED 21c HOW INJURY OCC 19 19 211 LOCATION STREET	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJU CITY OF TO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES RY IN ITEM 18 PART 1 OF PART 2 WN COUNTY 19 8000000000000000000000000000000000000	DINGS USED SES OF DEATH? NO [] STATE
9	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE OF EITHER, NOTHEY MEDICAL EXAMINE OF DE OF OR OR OF THE OR OR OF THE OR OR OF THE OR OR OR OF THE OR OR OR OR OF THE OR	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V ATH R) 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO	H DAY YEAR 19 211 LOCATION STREET From 19 19 10 10 10 10 10 10 10 10	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJU CITY OR TO on deoth occurred on the di	20b. IF YES, WERE FININ CERTIFYING CAUS YES RY IN ITEM 18 PART I OF PART 2 OUNTY 19 22c. DA	DINGS USED SES OF DEATH? NO STATE , that (I) (we)
7	MEDICAL CERTIFICATION	ODATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE III INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINE I WORK AT WORK 20. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) Told) (did no	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, G 10th view the body ofter death CONTRIBUTION R G GOV ()	MHICH OPERATION WAS PERFORMED H DAY YEAR 19 211 LOCATION 5TREE1 19 DEGREE ATTENDING PHYSICIAN	280 AUTOPSY? YES NO URRED (ENTER NATURE OF INJUINATION OF INJUIN	20b. IF YES, WERE FININ CERTIFYING CAUS YES RY IN ITEM 18 PART I OF PART I OTE and hour and from to the county THE COUNTY 224 DA FF TAN DE TO THE COUNTY THE COUNTY TO THE COUNTY T	DINGS USED SES OF DEATH? NO
1	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 10. DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING 10. CONTRIBUTING CAUSE OF DE 14. INJURY OCCURRED WHILE NOT WHILE ATWORK 20. 1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) Total (did no 7b. SIGNATURE)	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, G 10th view the body ofter death CONTRIBUTION R G GOV ()	Trom OFFICE, FARM, ETC.) DEGREE ATTENDING PHYSICIAN 121c HOW INJURY OCC. 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS DATE 23c NAME OF CEMETERY OR CREMATOR	200 AUTOPSY? YES NO URRED {ENTER NATURE OF INJU CITY OR TO On deoth occurred on the di MEDICAL STA DIRECTOR PHYSIC OUTOPITOR	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES RY IN ITEM 18 PART 1 OF PART 2 OWN COUNTY TO THE TOP TO THE TO	DINGS USED SES OF DEATH? NO [] -, that (I) (we) The couses stated ATE SIGNED -, 16 & 4

DHMH - 16 50M 4/83 (VRA 15, 4)

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	West Block Section 1997 The War
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Asia Single Sing	Amportant of the second of the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIR51	٨	NODLE	4	AST	20 DATE OF	DEATH MONTH	DAY YEAR	2b. HO	
1,,,,		11iam		E .	Fish	ner	July	28, 198	34	1/2	30P.
3 SE	X	4	RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YE		R 24 HRS
	Male		Whi	te	1-4-		69	YRS		HOURS	MIN.
a B	IRTHPLACE STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8			E CITY OR COUN			
	Marvland		U.S.	Δ	WIDOWE	DIVORCED D	D-1+				MD.
-	ITY OR TOWN OF DEA	TH 1	1. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12e USUALO			OF BUSIN	
1	Balto.		Frank	H FACILITY, GIVE STREET . 1in Squar	e Hos	spital		Engine		RΥ	
13a. 3	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP CC	DDE		
N	Maryland	- 4		Balto.		YES X NO		Glenwood		1239	
14. F/	ATHER'S NAME	***	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE			
1	William		E.	Fisher		Goldie		I.	Lew	is:	
	WAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-01-9	9687	Florence J.	Fisher	. Same as	s 13e		
	18 CAUSE OF DEATI	H (Enter only	one couse per	line for (a), (b), any	d (ci.)				APPR BETWE	OXIMATE INTI	RVAL D DEATH
	PART I. DEATH W	AS CAUSED IMMEDIATE		and	ige	arrest					
				R AS ALEONSEQUE	NCE OF	244	1	. 1		•	
	Conditions, if ony, which (b) Recent Mucardial infaction								100		
	gove rise to imn		DUE TO OF	R AS A CONSEQUE	NCE OF			0			
	underlying couse	lost.	(c)	NAS A CONSEGUE	1400 01	ν					
	PART 2 OTHER SIGN	NEIGAMT CO	ONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE	OR CONDITION	GIVEN IN PART	1101	
MEDICAL CERTIFICATION		His	aters	Leina	_	Coronari	1 Mor	Shice	ney_		
CAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70u AUTO	20b. IF	YES, WENE FIN	DINGS USE	D TÁ2
TIE							YES.	NOT	YES [NO	N
SE SE	210. ACCIDENT WAS UND		216 TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART I OR PART	'}	
A	OR CONTRIBUTING C		P./		19						
EDIC	21d INJURY OCCURE		21e PLACE			211 LOCATION		CITY OR TOWN	COLINT		statt
\$	WHILE NOT WH	WHILE NOT WHILE		EEET, FACTORY OFFICE FARM ETC) STREET		ZIMEET		/	1 0		3370
	22a I certify that (I)	(sheephougete	H effended the	e deceased from_		19.76	, to	7/28	110_84	, that (f)	trol ion
	sow the decease obove, (1) (web-	d olive on_	view the Hadu	ofter death	84 or	nd that in (my) (au) opinion	deoth occurred	on the date and	Gur and traket	he couses of	hated
	226. SIGNATURE	- (did ildi)	view the body	oner dedyn.		DEGREE			22s. D.A	TELEGNED	1
		Ker	ww	719		ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	12	1281	84
	TH PHYSICIAN'S NA	ME TYPE OR		V		22e ADDRESS			1		-
	Vuong Vu	Nauve	an , 7	150		6331 Belai	ir Dd	Balto	md	2/0	201
23a.	BURIAL, CREMATION,		23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCA	ION	// 50		10
	(SPECIFY) Burial		7-31-8			edeemer	1	NOTE MA	COUNTY		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detoched for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 tho

OR ATTENDING PHYSICIAN: The

etoined by the hospital TO HOSPITAL

BP.

njury, or other troumotic event,

Leonard J. Ruck. Inc

ADDRESS 5305 Harford

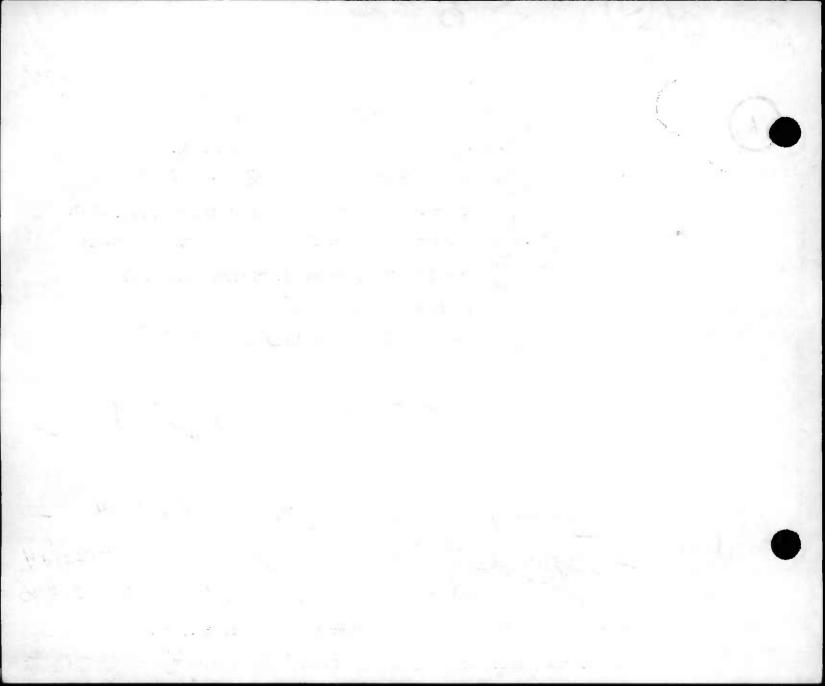
21214

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

. waydoon Randall

24 FUNERAL DIRECTOR

JUL 30



TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be
etained by the haspital or attending physician.
The state of the s
10 FUNEXAL DIRECTOR: After this centificate has been signed by the otherwing physician and completely filled in by the full place of
should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hausselfer death
with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, ar other troumatic event, the medical e

MPORTANT. If Hem 21 is marked or Item-18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1 -	FOR • STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0			
	CEASED NAME FIRST		MIDDLE	tAST	20 DATE OF DEATH	MONTH	DAY YEAR 2b.	HOUR	
(TYPE	OR PRINT)	BEL L F	LETCHER				7/16/84	4:55P	
1 SE	x	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY}		UNDER 24 HR5	
1	Female	White	Jur		68	YRS		UKS MIN.	
. Bi	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	ED EX NEVER MARRIED	9 BALTIMORE CITY O	_			
	COUNT Virginia	USA	WIDOW	VED DIVORCED	BAL.	TIMO	RE COUNT	Y MD.	
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME		12a USUAL OCCUPATI	DE WORKING LI	12% KIND OF BU	JSINESS OR	
	TOWSON	6701 N	N CHARLES S	T GBMC	Housewi	fe	Home	maker	
	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUT Bal	OTHER INSTITUTION VTY timore	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Reisterstown	13d INSIDE CITY LIMITS? YES NO 🏋	3335 Black	ZIP COD	k Rd.,211	36	
14 F A	ATHER'S NAME			15 MOTHER'S MAIDEN NA					
	Edward	MIDDLE	Ratcliffe	Dora	WIDDLE		Clark		
16a V	WAS DECEASED EVER IN ILS AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
C	YES, NO OR UNKNOWN) (IF YES, GP	/E WAR OR DATES)	218-62-0334	Mary Rorke, 3	600 Linebore	o Rd.	,Manchest	er,Md	
	18 CAUSE OF DEATH (Enter or	nly one couse per	r line for (a), (b), and (c).)				APPROXIMATI BETWEEN ONSE	INTERVAL T AND DEATH	
	PART I. DE ATH WAS CAUSE	D BY: TE CAUSE (a)	RESPIRATOR	Y ARREST					
	IMMEDIA		n is a constant of of						
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) C.O.P.D.								
	Conditions, if any, which gave rise to immediate								
l l	couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUENCE OF						
		15:1 P D D D							
N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR C.O.P.D. PNEUMON IA								
CERTIFICATION	100 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDINGS IFYING CAUSES OF ES N		
ER	21a ACCIDENT WAS UNDERLYING	7 21b. TIME C	DE INTURY	21¢ HOW INJURY OCCUR					
	OR CONTRIBUTING CAUSE OF DE			R	TED TENTER MATORE OF 18510	RI HATTEM TO	TART TORT ART 21		
Ŭ.	(IF EITHER NOTIFY MEDICAL EXAMINE		.M. 19						
MEDICAL	21d INJURY OCCURRED		OF INJURY REEL FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
^	AT WORK NOT WHILE AT WORK			4					
ı	220 1 certify that (1) (this hosp			13 19 84			. 19.84 that	(I) (we) lost	
	ow the deceased alive or	province body	19 84	and that in (my) (our) opinion	death occurred on the de	ate and ho	ui and from the cou-	ies stated	
	776 SPANGEURE	7/7/	6-6 1.0	DEGREE			271. DATE SYS	NED/	
	Michael	1100	MD.	ATTENDING PHYSICIAN [MEDICAL STAI		7//6	184	
	THE PHYSICIAN'S NAME ASSES	SHEET //	+	22e ADDRESS	_ omee.or _ rinor		1/1	-	
	DR. M. J	OYCE	_	GBMC					
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
B	specify) urial	July	19,1984 Deer	Creek IIM	Forest F	ill.	Harford	Md.	
	UNERAL DIRECTOR		7,7-7-1, 2001		TE REC'D. BY REGISTRAR			1176.1	
J	ohn H. Harkins	600 MX	Main St. Del	ta Pa JUL 21	1984 Like	Tuida	~ Andell		
									

DHMH - 16 50M 4/83 (VRA 15, 4)

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feet and Tarriffee

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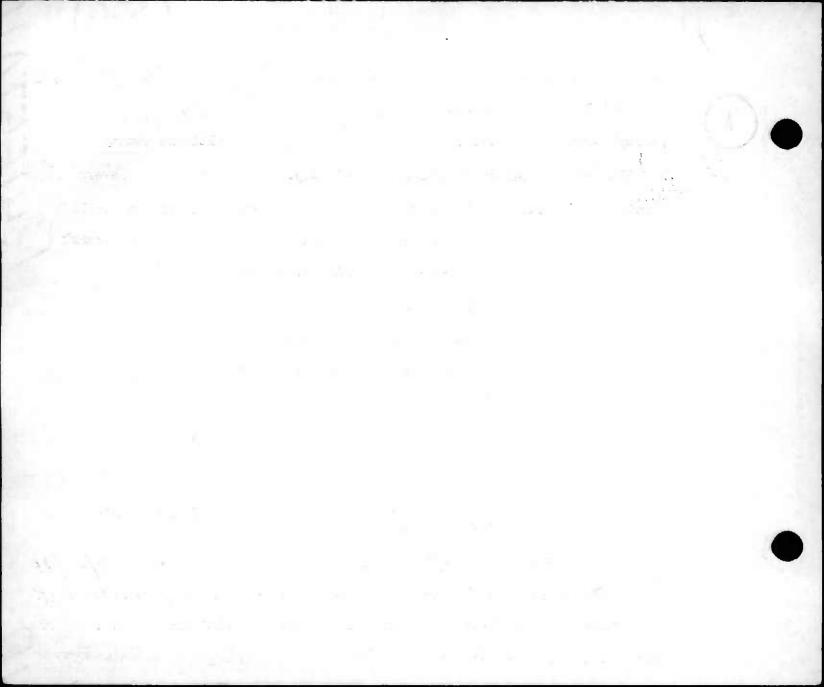
	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE	CERTIFICATE OF DEATH
REGISTRAR	CERTIFICATE OF DEATH

8	4	1	8	0	1	1

A	•	REGISTRAR			CERTIF	CATE OF DEATH		REG. NO	D.		
		CEASED NAME FIRS	LEN	MIDDLE	F	LOWER	2a DA		HTHOM	DAY YEAR	26. HOUR
							L ACE	I IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS.
\	3. SE)	Male	1 RACE	ル hite	5. DATE O		6 AGE	GIN YEARS LAST BIRT	YRS.	MONTHS DAYS	HOURS MIN.
10		RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALT	TIMORE CITY O		Y OF DEATH	
/	1	ennsylvania		S.A.	WIDOWE	D DIVORCED		Baltimo	ore C		MD.
Confirmed Confir	Ra	TY OR TOWN OF DEATH Indalls town	Balti	more Coun	ty Ge	neral Hosp.		UAL OCCUPATE EWORK FOR MOST OF NINIST		INDUSTRY Rever	e Copper
25	13a S	AL RESIDENCE (IF NURS AND CONTACT OF A	ME OR OTHER INSTITUTION OUNTY A.A.	13d CITY OR TOW Pasadena	'N	13d. INSIDE CITY LIMITS?		8 Green	zip cod way R	e load 2	1122
12	FA	THER'S NAME Allen	MIDDLE	Flow	er	15. MOTHER'S MAIDEN N Rita	NAME	WIDDIE		Vanderm	ark
in In		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	_	ADDRE			
E		(IF Y	S. OHE WAR ON DATES	189-03-	3703	Allen R. F	lower	Same a	as 13	е	
₽ ′		18 CAUSE OF DEATH (En								APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
Le ve		PART I. DEATH WAS C	AUSED BY: DIATE CAUSE (0)	CARDIO 1	USPI1	2ATORY ARI	LEST				
ofic			DUE TO, C	OR AS A CONSEQUE	ENCE OF						
5 0		Conditions, if any, whi		SEPSIS	-	PNEUMONIA	1				
njury, or other troumo		gove rise to immedio cause (a), stating the underlying cause la	DUE TO, C	OR AS A CONSEQUE	ENCE OF	MEGOTHEL	INMA	ı.			
0		PART 2 OTHER SIGNIFIC	107_						217102101	NICAL DI CARTA	
ıjury,	N	PART 2 OTHER SIGNIFIC	INI CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TE	KMINAL DI	SEASE OR CONL	JII ION GI	IVEN IN PART III	3
Z	CERTIFICATION	19a DATE OF OPERATION	1% CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
3.5%	CERT	21a. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCC	JRRED (EN				110
E 9		OR CONTRIBUTING CAUSE	OF DEATH	.M. MONTH DA	AY YEAR						
of he	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	n/h/	COUNTY	STATE
morked or Item	¥	WHILE NOT WHILE E] [AT HOME S	TREET, FACTORY OFFICE F	ARM EIC)	STREET		CITORIO	,		STATE
s mo		22a.1 certify that (I) (this		he deceased fram_	7/	10 , 19 85	, to.	7/	25		that (1) (we) last
121		saw the deceased ali above, (I) (we) (did) (did)		y after death.	9 1	d that in (my) (aur) apinio	on death o	ccurred on the do	ate and ho		
then.		226 SIGNATURE	2	DI		DEGREE ATTENDING	MED	ICAL STAF	F ./	22c. DATE	SIGNED
z-/-		22d PHYSICIAN'S NAME	Duy-	2/2	- 1	PHYSICIAN 122e ADDRESS	DIREC	TOR PHYSIC	IAN	17/	52/8K
MPORTANT: If Hem 21		RAYL	11.9500	PESTRE			RE	COUNT	Ty d	SENERA	L Hasf.
4.		BURIAL, CREMATION, REMO	7/28	/84 C		emetery or cremator		Balltimo	re	CAUNTA.	Mď

DHAH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
George J. 4001 Ritchie Mgwy Balto Md Gonce

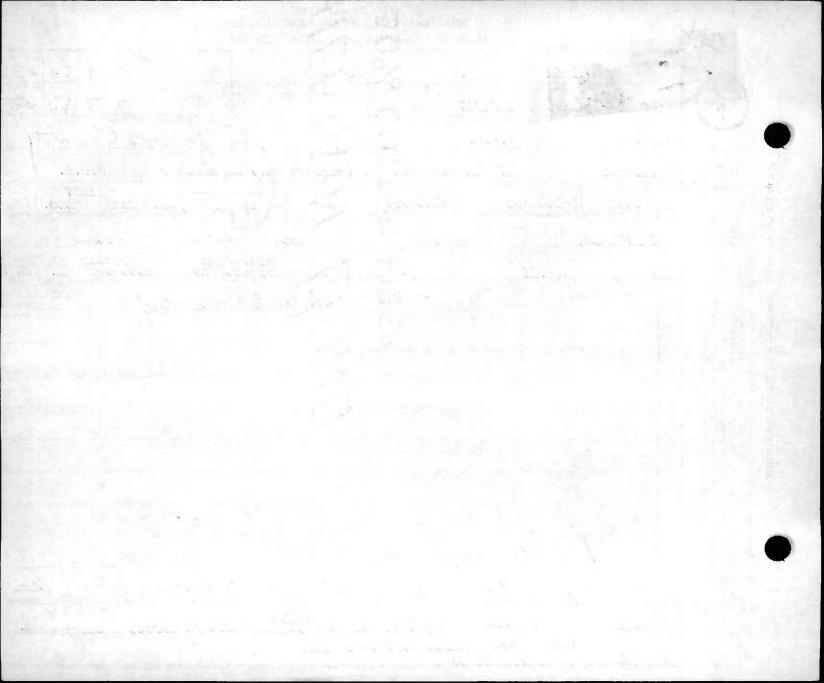


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD." IN PERIOD IN 15 OF THE FUNREAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BEFILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIAL RECORDS, 201 W, PRESTON STREET,
DIVISION OF VITAL RECORD	E. WRITING THE WOOLD BE EXE E. WRITING THE WOORD "PENDING RWARDED TO THE CHIEF MEDICA PROFES SHOULD BE USED AS AB ICA STATE DEPARTMENT OF HEATH A SYNCH DEPARTMENT OF HEATH A
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE

BP____

(VR A15 ME

	PECEASED NAME	FIRST		WIDDLE		LA	51		2	a DATE KNO	XXVW	MONTH	DAY YE
1	THE ORTHING	Walte	er	I.			rbes			DEATH MAT	TED [7	16 19 8
	lale	4. RACE White	3 15	YEAR OO	AGE (IN YEA LAST BIRTHDA 84 YR	ARS IF UNDI MONTHS RS.		HOURS		RONOUNCED DE AD		монтн 7	16 19 8
76.	BIRTHPLACE (ST FOREIGN COUNTRY) VA	ATE OR	76 CITIZEN OF WH	USA	RY?	8. MARRIED WIDOWED	D NEVE	ER MARK	RIED X	Baltimore Balti	_		
	Randall		11. NAME OF HOSI (IF NOT IN SUCH FACE 3503 FOX	CILITY, GIVE STRE	EET ADDRESS)		NSTITUTI	ON		AL OCCUPATION OST OF WORKING I		F WORK	2b. KIND O OR IND
USU 130.	JAL RESIDENCE STATE MD	Balt	imore	VERESIDENCE RE		ONI	36 INSIDECITY	Y EIMITS?	13: 3TBE	53°°F8sx	clif	ef A	pts.
14	FATHER'S NAME FIRST		MIDDLE	LA	\ST	1	S. MOTHER FIRS	ST	EN NAME	WIDDLE			LAST
160.	WAS DECEASED (YES, NO OR UNKNO NO	D EVER IN U.S. ARM			AL SECURITY		Rona Rona		Jone	s 3503	DDRESS FOX	kcli	ff A
	gave ris	ns, if any, which se to immediate stating the under- ise last.	(b) DUE TO, OR	AS A CONSI									
NO	gave ris cause (a) lying cau	se to immediate stating the <u>under-</u> ise last.	(b)	AS A CONSI	EOUENCE C	OF	IR CONDITION (GIVEN IN P	ART 1 (g)				
IFICATION	gave ris cause (a) lying cau	se to immediate stating the <u>under</u> se last.	(b)	AS A CONSI	EOUENCE C	OF INAL DISEASE O			ART 1 (g)				20 AUTO
CALCERTIFICATION	gave ris cause (a) lying cau PARI 2 OTHER SI	OPERATION CLICAUSE WAS OR OR OR CAUSE OF D	(b) DUE TO, OR (c) 19b. CONDIT	AS A CONSI	D TO THE TERMI HICH OPERA	INAL DISEASE OF	S PERFORM	AED?		ature of injury ia	SITEM 18 PAR	'I 1 OR PART	YES]
MEDICAL CERTIFICATION	gave ris cause (a) lying cau PARI 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN	OPERATION CLICAUSE WAS OR OR OR CAUSE OF D	(b) DUE TO, OR (c) 19b. CONDIT	AS A CONSI	D TO THE TERMI	INAL DISEASE O	S PERFORM	AED?		ATURE OF INJURY IN	NITEM 18 PART	RI 1 OR PART	YES Y
	PARI 2 OTNER SI	OPERATION CAUSE WAS GOOD CAUSE OF D COURRED NOT WHILE AT WORK The third course of the course o	(b) DUE TO, OR (c) 19b. CONDIT	AS A CONSI	D TO THE TERMI HICH OPERA DAY YEAR 19 (AT HOME,	ATION WAS 21c. HOV 21l LOCA STRI	S PERFORM W INJURY C ATION BET Hamicid TITLE (SPE	Inspectic Let Ferning	ED (ENTER N.		, and II		YES YES
MEDICAL	PARI 2 OTNER SIN PARI 2	OPERATION ALL CAUSE WAS GOOD CAUSE OF D OCCURRED NOT WHILE AT WORK Ty that I took charge ed fram: Noture	DUE TO, OR (c) 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACT COMMANDER OF ACT	RUT NOT RELATED FION FOR W INJURY MONTH E OF INJURY ORY, FARM, ETC. Acadent	HICH OPERA DAY YEAR 19 (AT HOME.	ATION WAS 21c. HOV 211 LOCA STRI	S PERFORM W INJURY C ATION EET Hamicid TITLE (SPE DEPUT)	Inspection of the Control of the Con	ED (ENTER N.	Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inquired manner	ond II	country oper	YES YES YES YES YES YES



deoth. Poge 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

64

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1.	REGISTRAR		C	ERTIFICATE (F DEATH	REG.	NO.			
	CEASED NAME FIRST		DOLE	LAST		20. DATE OF DEATH		AY YEAR	2b. HOUR	
	Thomas	E	. F	razier	Jr.	Ju]	y 20,	1984	1	A
3. SE	X	4. RACE	5.	DATE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24	MIN.
	Male	White		12-2		46	YRS.	DATS	HOOKS	M IP4.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY? 8.	AARRIED TO NEV	ER MARRIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
	rvland	USA		IDOWED [DIVORCED [Baltimo	re Con	ıntv		М
10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING H		INSTITUTION	120. USUAL OCCUPA	ATION	12b. KIND C	OF BUSINES	S OI
Ov	ings Mills		Hammersh			Fireman			e Dep	t
	at residence (# nursing home state aryland 13b. col Bal	JNTY II	ve residence before adm 3c. CITY OR TOWN Owings M	13d INSI	DE CITY LIMITS?	13e STREET ADDRES		nire I	2/// Rd.	7
14 F/	ATHER'S NAME	WIDDLE	LAST	15 MOTH	ER'S MAIDEN NA	ME MIDDLE		1.41	.,	
	Thomas		azier Sr		Dora	7110042		Cavey	,	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECURITY	NO. 17 INFO	RMANT	ADD	PRESS			
	No	SIVE WAR OR DATES	214-34-4	474 Ve:	ronica :	Frazier A	.05 Har	nmersl	nire	
	18 CAUSE OF DEATH (Enter) PART I. DEATH WAS CAUS IMMEDI	only one couse per lings BY: ATE CAUSE (0)	ive 015	structi	ve jau	ndice +	uremio	BETWEEN	MATE INTERVI ONSET AND DE MONT)) //
	Conditions, if ony, which	DUE TO, OR A	AS A CONSEQUENCE	fo reno	il fai	lure		41	nont	2
	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR A	AS ACONSEQUENCE	fatic	colon	canano	MGL	24	leas	
TION	PART 2 OTHER SIGNIFICANT COLUMN 19	diathe	25		7-10		71			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITH	on for which ope	RATION WAS PE	RFORMED	200 AUTOPSY?		WERE FINDI		?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH	MONTH DAY	YEAR	V INJURY OCCURI	RED (ENTER NATURE OF IN	IJURY IN ITEM 18 PA	RT 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF	TINJURY T, FACTORY, OFFICE, FARM,	ETC) 211 LOC	ATION IREET	CITY OR	10WN	COUNTY	SIA	TE
	22a.1 certify that (I) (this has sow the deceased alive abave, (I) (we) (did) (aid	+/18	19 8	4, and that in	my (our) opinion	death occurred on the	date and hour	ond from the	that (V) we) las
	226. SIGNATURE	autos	/	PEGREE	ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN X	7/Q	SIGNED OF	
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADI	RESS	225.B	0000	C+ R	006	>

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN:

etoined by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dis should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, or removal.

njury, or other troumatic ev

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

notified of once

must be

236 BURIAL CREMATION, REMOVAL 236 DATE Burial 7/23/84

Lakeview Memorial

23d LOCATION
CITY OF TOWN

Sykesville, Md

M A

24 FUNERAL DIRECTOR
Eline Funeral

Funeral Home Reisterstown

Md.

JUE 2 4 1984 Julia Davidson-Mandal

		FOR STATE REGISTRAR		CERTII	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	18083
		CEASED NAME E LS I	E M. FRE	EITAG	LAST	20. DATE OF DEATH MONTH	11 184 26. HOUR 1:33A _M
	3. SE:	× FEMALE	4 RACE WHITE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 77	MONTHS DAYS HOURS MIN.
10	M 10 C	IRTHPLACE ISTATE OR FOREIGN COUNTRY) ARYLAND ITY OR TOWN OF DEATH OWSON	7b. CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI IF NOT IN SUCH FACTION, GIVE STREE GREATER BALTO.	MARRIE WIDOWI ING HOME (OR OTHER INSTITUTION	9. BALTIMORE COU BALTIMORE CO 178 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK) SECRETARY	UNTY MD.
Ther (Method	USU, 13a. S MA	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13C. CITY OR TOVE BALTIMO	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES \(\) NO \(\) 15 MOTHER'S MAIDEN NA	136 STREET ADDRESS / ZIP C 5537 CEDONIA	AVENUE 21206
Superior of the superior of th	16a V	KARL WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (15 YES.	FREITAG ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 215 10	URITY NO.	MARTHA 17 INFORMANT SHIRLEY SESS	ADDRESS ADDRESS IONS 6508 UPLA	AFT FORK ND RD. MARYLAND
injury, or other troumotic event, the	7	Conditions, if ony, which gove rise to immediate cause IoI, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	UENCE OF		DE NT - BRAINS	ACCO
ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
IMPORTANT: If Item 21 is morked or Item 18 shows	MEDICAL CER	sow the deceased alive	DEATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 ; FARM, ETC.)	711 LOCATION STREET	CITY OR TOWN 7-11 deoth occurred on the date once	COUNTY STATE 19 4 , that [I] (we) lost discusses stated
MPORTANT: If Item			RINCE, M.D.		GBMC-6701	MEDICAL STAFF DIRECTOR PHYSICIAN (
	730	BURIAL, CREMATION, REMOV.			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN RAL TIMODE	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in lay the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be first with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

etoined by the hospital or attending physician.

BP.

PROCESS BALTO. MD. DIPPEL BUNERAL HOMES INC. 7110 BELAIR

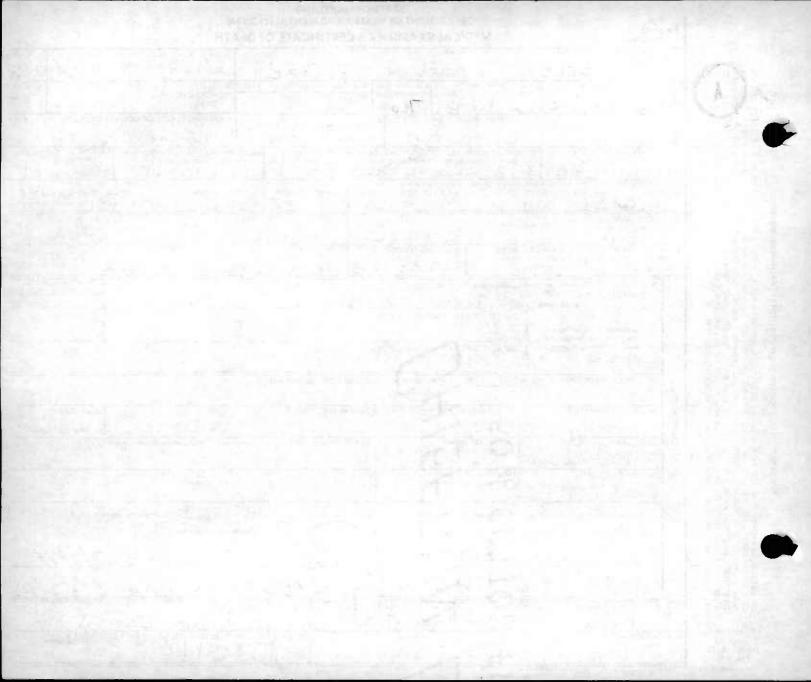
JUL 13 1984 MARYLAND

130. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE

LINE DAVIDSON HANDSON

SHATTERS AND SOLETION OF PART OF THE PART O Figure Total D. CHARRES ST. COLOR

	0	1	FOR	STATE OF MARYLAND	1 8 4
	,,	11-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	1	1. DE	CEASED NAME FIRST	MIDDLE LAST Zo. DATE KNOWN D MONTH	DAY YEAR 25. HOUR
	N. Carlo	(TYF	ECN-	+ Karl Fritze DEATH MATED 7	9 1984 152
	A PER	3. SE)		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 24. HOUR
	1000	Ma	O'CO VIII O	12 14 07 Theyrs. DEAD 7	9 1984 /50
20	FCESS INFRA WITHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY.	TY OF DEATH
	ZEN S		TY OR TOWN OF DEATH	Germany Widowed Divorced Divorced PALTO - CO	126. KIND OF BUSINESS
	DELAY 18 1 TO THE N PAGE BE FILED DE 301	Ro	indal/stain	(IF NOT IN SUCH FACILITY GIVE STREET ROBRESSI AU RO Care taker	OR INDUSTRY School
21201	ANY RETAI OUID ECONID	13a. S	L RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR, TOWN 130. INSIDE (ITY LIMITS? 130. STREET ADDRESS BOSTU	B. F. ED
	T. 75 3 3 7	$\overline{}$	THER'S NAME	MIDDLE LAST, IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
E, MD.	PAGES 1, ORM PM 1 AND 2 N OF WIL		Paul	Fritze Maria	Glasser
BALTIMORE,	AFTE NE P. H FO GES SION		AS DECEASED EVER IN U.S. ARM S. NO. OR UNKNOWN) (IF YES, GIVE V		2
V ST., BA			18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	11/1/2 // // // // // // // // // // // // /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STO	ALC ALC			DUE TO, OR AS A CONSEQUENCE OF	X- 11 - 7
PR	WITHIN VCIL IN AINER A RANSIT ITAL HYGE		Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b).//	
301 W	EXECUTED WITH NG" IN PENCIL II ICAL EXAMINER A BURIAL-TRANS I AND MENTAL HON, OR REMOVE		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	A T S C C E E	NO	PART 2 DINER SIGNIFICANT CONDITIONS C	DATRIBUTING T <u>o death</u> but not related to the terminal disease or condition given in part 1 (0).	
TALREC	SHOULD BOND "PENICHE MILE USED A FOR HEAL	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
FVI	WORD WORD HE CHILL CHILL	ER	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO
NO	CERTIFICATE SHOTING THE WORD SED TO THE CH 3 SHOULD BE UDEPARTMENT OF PROPERTY.		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR EATH P.M. 19	
DIVISI	INER: THIS CERTIFICATE SHICATE, WRITING THE WORR ICATE, WRITING THE WORR IF CROWARDED TO THE CT TOR: PAGE 3 SHOULD BE THE STATE DEPARTMENT C ND, 21201 PRORTO BURIAI	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN CO	UNIY STATE
	FORW OR: PA	303	220. I certify that I took charge	af the remains described above, held an Autapsy . Inspection . Inquiry , and in my a	pinion
	EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WITH THE S ARYLAND, 2		death resulted from:	Discouses . Accident . Suicide . Hamicide . Undetermined manner .	/
	AL EN AL EN AL EN AL EN AL DICTE, AL		ACTUAL SIGNATURE	M.D. DEFTY MEDICAL EXAMINER SIGNE	07/9/84
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALLIMORE, MARYLAND, 21:		EXAMINER'S NAME F-	·WilliAMSONI ADDRESS 55/50 BALTONAT	2/42/28
	PACT AFT	23a,B	PECIFY) O 23	COU COU	NTY STATE
	BP	24 E	DUTIA	1-13-54 Lake View Cemetery Elderslaving Car	
	DHMH - 17 (VR A15 ME (5))	24.11	Harry W	. Harrit Sikewille . I 1 1984	The state of the s
	15M7/77		7.000	1 100 1	<u> </u>



STATE OF THE STATE

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

etoined by the hospital or attending physician.

STATE OF MARYLAND	23
PARTMENT OF HEALTH AND MENTAL HYGIENE	C

DEI

	64		1 6	3	8	0
	REG. N	10.				
:	DEATH	MONTH	DAY	YEAR	25 HOUR	

	REGISTRAR			CERTIFI	ICATE OF DEATH	REG. N	10.	
	CEASED NAME FIRST		MIDDLE	Consult State	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 26. HO
	Jean		9	AIZ.		,	- //	-87 /
3. SE)		4. RACE		S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BI		FUNDER I YEAR IF UNDE
7- 01	FEMALE RTHPLACE (STATE OR FOREIGN	WHITI	WHAT COUNTRY?	FEI	B. 11, 1913	71 9 BALTIMORE CITY	YRS.	DEDEATH
	NEW JERSEY	USA	4	WIDOWE		BAltin	TORE	County
1	TOWSON	StellA	A MARC	S /to	ROTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEW)	OF WORKING LIFE)	126. KIND OF BUSIN INDUSTRY AT HOME
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUI MARY LAND BA		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN BALTIMO	N I	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 6601 BAYTH	IORNE R	D. #21209
14 FA	ATHER'S NAME FIRST MORRIS	WIDDLE	GROSS LAST		15. MOTHER'S MAIDEN NA/ FANNIE	MIDDLE		BERSACK
16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES. GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECUI		17. INFORMANT M. 6601 BAYTHOR	RS. RUTHAMA NE RD. BA	IFFMAN LTO.,	MD 21209
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF	CANCEL	offi	VCF	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O b) DUE TO, O co (c)	R AS A CONSEQUE	ENCE OF				N IN PART 1(0
TION	Conditions, if ony, which gove rise to immediate couse (0), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O CONDITIONS	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	ADITION GIVE	
TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O CONDITIONS	R AS A CONSEQUE	ENCE OF			ADITION GIVES	WERE FINDINGS USE ING CAUSES OF DEA
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT	TE CAUSE (0) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO C ITION FOR WHICH	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE	IN AL DISEASE OR CON 200. AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USE ING CAUSES OF DEA NO (
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DE	DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND ATH R) P. 21e. PLACE	R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M.	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	IN AL DISEASE OR CON 200. AUTOPSY? YES \(\text{NO} \)	200. IF YES, IN CERTIFY YES JRY IN ITEM 18. PAR	WERE FINDINGS USE ING CAUSES OF DEA NO (
-	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DELIFIE ITMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME. STI	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, 64 de deceosed from	ENCE OF ENCE OF OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION	IN AL DISE ASE OR CON 200 AUTOPSY? YES NO CONTROL OF INJURE OF I	200. IF YES, IN CERTIFY! YES URY IN ITEM 18 PAR	WERE FINDINGS USE ING CAUSES OF DEA NO (RT 1 OR PART 2) COUNTY
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DHMH - 16 50M 4/82 (VRA 15, 4)

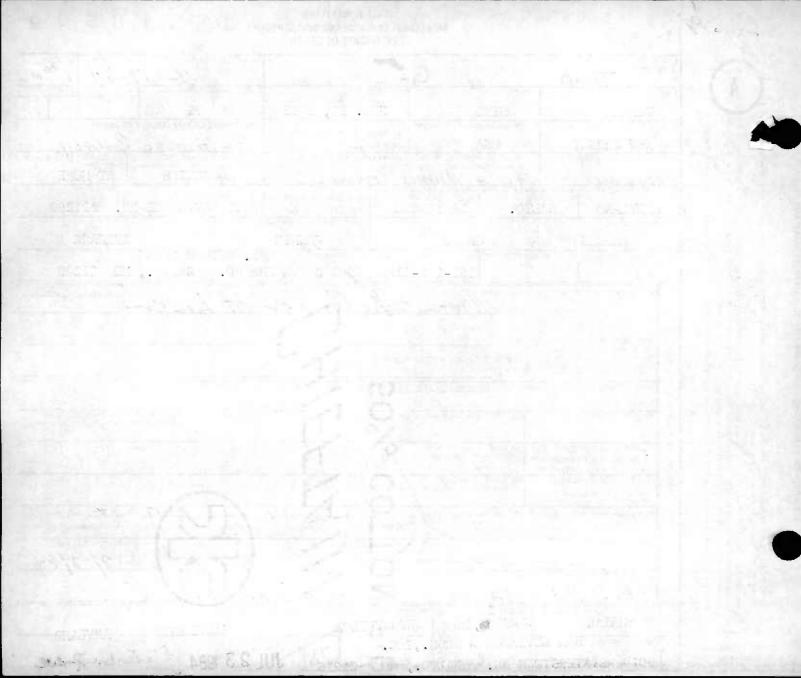
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TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physicion and completely filled in by the funeral cashould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

LEVINSON BROS

BETH TFILOH

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CITY ORTOWN
BALTIMORE
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Signal Devident 250. DATE REC'D



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE 2ª DATE OF DEATH YEAR 2h HOUR FIRST (TYPE OR PRINT) PHILLIP DELCHER GAMBRIL 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 06 YEAR 27 29 TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE USA WIDOWED DIVORCED COUNTY BAI TIMORE 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LEYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY TOWSON ST. JOSEPH HOSPITAL COULTER SALESMAN USUAL RESIDENCE (# NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI FABRICS 13a STATE 13h COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 205 E JOPPA RD 21204 MD BALTO TOWSON YES [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE EIRST LAST DELCHER HAROLD F. GAMBRILL FAY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) 136-22-863H MARY VERONICA GAMBRILL SAME NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IS Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX iol-transit part 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 50 COUNTY CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK 22s. I certify that (I) (this hospital) organded the deceased for JULY sow the deceased alive on. and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obover (I I will Thirl (did not) view the body diter death 22b. SIGNATURE DEGREE Dept 22c DATE SIGNED * ATTENDING MEDICAL STAFF old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BALTIMORE CITY, MARYLAND JULY 3.1984 GREENMOUNT CREMATION

6500 YORK RD.

MITCHELL-WIEDEFELD HOME, INC. BALTO., MD.2121

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SHONATURES

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

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Male 70 BIRTHPLACI FOREIGN COUMARY DATE 10 CHY OR TO E USUAL RESIDE 130. STATE MARYLA FATHER'S N FIRST ROLAN 160. WAS DECE (YES, NO, OR U	I RACE Black ISTATE OR ISTATE OR ISTATE OR INCOMPT. ISSEX ICE (IF IN NURSING HOME O IDE COUNT IDE COUNT Balti AME	5. DATE OF BIRTH MONTH DAY 12 22 7b. CITIZEN OF WH U.S.A. 11. NAME OF HOS (IF NOT IN SUCHFAI Frankli ROTHER INSTITUTION, GR	YEAR YEAR 53 30 Y HAT COUNTRY? PITAL, NURSING HOM: CILITY, GIVE STREET ADDRESS) LN Square He VE RESIDENCE BEFORE ADMISS	EARS IF UNDER TYR. IF AND MONTHS DAYS R 8. MARRIED X NEVEL WIDOWED E, OR OTHER INSTITUTION OSPITAL	R MARRIED PRONOUNC DEAD R MARRIED PRONOUNC BALTIMO DIVORCED Balti FOR MOST OF WORKIN	RECITY OR COUR MORE COUR ATION (TYPE OF WORK	25 1,84 3: NTY OF DEATH
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FOREIGN COUN Maryla COTY OR TO E ISUAL RESIDET 30. STATE Maryla FATHER'S N FIRST ROlan 60. WAS DECE (YES, NO, OR U	CSCX CCE (IF IN NURSING HOME O AME INC. III. COUNT Balti AME	U.S.A. II NAME OF HOS (IF NOT IN SUCH FAI Frankli OR OTHER INSTITUTION, GN	SPITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) In Square Ho VE RESIDENCE BEFORE ADMISS	WIDOWED	R MARRIED Baltin DIVORCED Baltin DIV 126 USUAL OCCUPA FOR MOST OF WORKIN	more Cour	nty,.
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ROLAN 160 WAS DECE	AME		Baltimore	13d. INSIDE CITY YES X	LIMITS? 13. STREET ADDRESS	Laurel	Court 21207
(YES, NO, OR U		WIDDLE	LAST Enges	15 MOTHER'S	shti	DIE	illiams
	ASED EVER IN U.S. ARA	MED FORCES?	IN SOCIAL SECURIT	MO. 17. INFORMA	SIIL L	ADDRESS Balt	timore, Md.
Yes	(, , , , , , , , , , , , , , , , , , ,	war or dates) e Service	215-60-52		a Ganges 26 Wa	lden Lau	rel Crt.
18 CAU PARI	E OF DEATH (Enter onl DEATH WAS CAUSED	DBY:		en intoxicat			APPROXIMATE INTERV BETWEEN ONSET AND D
X	IMMEDIAT	L CAOSE (O)	AS A CONSEQUENCE				
	itians, if any, which	(b)					
caus	(a) stating the <u>under</u> cause last.	DUE TO, OR	AS A CONSEQUENCE	OF			
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1 (0)		
190. DAT	OF OPERATION	196 CONDIT	TION FOR WHICH OPER	RATION WAS PERFORME	D?		2D AUTOPSY?
190. DAT							YES M NO
	RNAL CAUSE WAS ING OR UTING CAUSE OF D	216 TIME OF HOUR A.M DEATH P.M	MONTH DAY YEA	ingestion	ccurred tenter nature of injur	Y IN ITEM 18 PART 1 OR I	PART 2)
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EXAMIN (TYPE OF	R'S NAME PRINT)	Margarita	a A. Korell		111 Penn St.	Balto.	,MD.
236. BURIAL, CR	MATION, REMOVAL 2	3b DATE	23c. NAME OF CE.		23d LOCATION	co	DUNTY STATE
		7/30/1984		dge Memoria	Baltim	ore w_	L and I was
Remova	PECTOR		4217 9th	Inc	DATE REC'D. BY REGISTRAR	IVIOL	ryland

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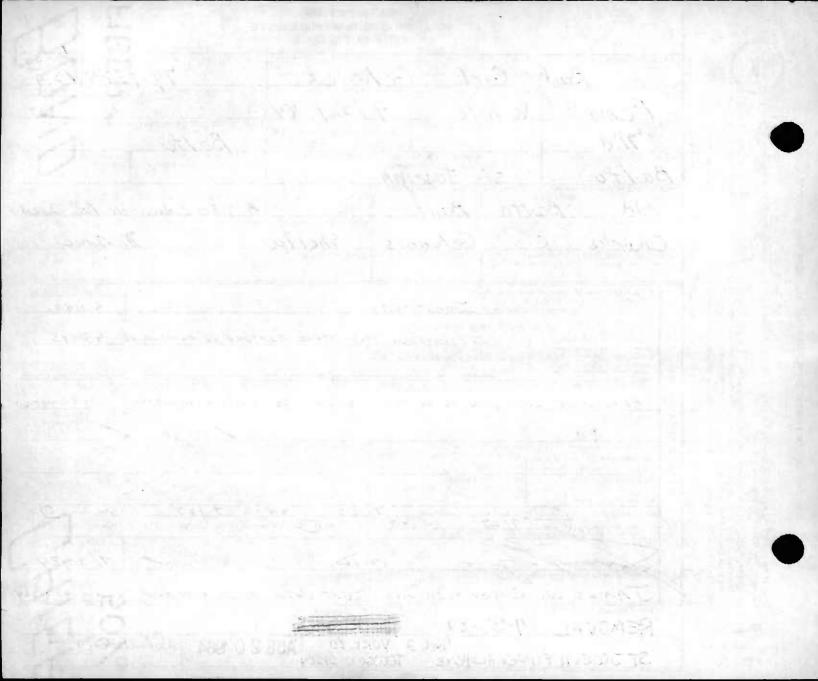
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SIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft
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	1-	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8 4	180	8 9
		EASED NAME FIRST Backy	Girl Gel	WICKS F BIRTH		7/17/84/	HOUR 33 2 A M NDER 24 HRS. URS MIN.
9	(OUNTRY Md.	NAME OF HOSPITAL, NURSING HOME OF		Bal		MD. SINESS OR
The must be notified	13a. S	L RESIDENCE 18 NURSING HOME OR OTH TATE NAME FIRST MIDE	to Balto	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS /	ZIP CODE Code Rd.	2/25
the medical exami		AS DECEASED EVER IN U.S. ARMEE ES, NO OR UNKNOWN) IF YES, GIVE WA	FORCES? 166 SOCIAL SECURITY NO.	Shella 17. INFORMANT	ADDRE		
njury, ar other traumatic event, i	NO	Conditions, if ony, which gove rise to immediate couse lost underlying couse lost PART 2. OTHER SIGNIFICANT CON	AUSE (0) LMMATUR(T) DUE TO, OR AS A CONSEQUENCE OF	PREMATURE RUI	nal disease or coni		ys.
ws ony	CERTIFICATION	1% DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATIO		200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	USED
or Item 18	MEDICAL CE	2) II. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IN EITHER, NOT BY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	PIB. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 The PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	ED (ENTER NATURE OF INJUR CITY OR TO		STATE
T. If Hem 21 is marked		22. I certify that (I) (thy hospital) use the deserted alies on above, (I) (see State and serring 27. STORMATURE	7/ 2-7 19 84, or the body ofter death.	nd that in (my) (our) opinion di DEGREE ATTENDING PHYSICIAN	eath accurred an the do		es stated
with the State [73a F	TAMES WILLIAMS CITYPE OR PRI	EAGAN, JR, MD.	27e. ADDRESS DEPT PATH EMETERY OF CREMATORY	ST JOSEPH		1) 212c4
A 4/83	-	REMOVAL INERAL DIRECTOR SAT DOSERN FULL	7-30-84		2 0 1984 A	CALL BURGON Advisor	SIATE



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı		REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.		*
ı		EASED NAME FIRST	٨	MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR	2h, HOUR
	(TYPE	DDR15	M.	GEM	ELL	ARO	7	-11	- 84	5:25 AM
1	3. SEX		4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY] IF U	INDER I YEAR	IF UNDER 24 HRS
	1	/emale	w	hite	4	- 24-1923	61	YRS		Mit.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D M NEVER MARRIED	9 BALTIMORE CITY O	_	DEATH	
		ARYLAND	05	A	WIDOWI		BALTIMO	RE CO	UNTY	MD.
/	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPATE			F BUSINESS OR
	46.	TOWSON	SAINT	JOSEPH	14051	ITAL	Housewif	е	Hom	e
1	USUA 130. S	L RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
	Maı		Ltimore	Towson		YES NO X	1582 Cot		ane	21204
	14. FA	THER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
1		William	0.	Fis	her	Meta	misote		LAS	
	16e V	AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	AD The	
	3	ES NO OR LINKNOWN) (IF YES.	W. II 2	15-12-4	331	Santo P. Ge	mellaro,S	r.Balt	0.,	MD21204
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ICED DV				,		BETWEEN	MATE INTERVAL ONSET AND DEATH
١			IATE CAUSE (a)	MYOCARS	0/16	INFARCTIO	N		101	YRS.
			DUE TO, OI	R AS A CONSEQUE	NCE OF					
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1		underlying couse lost.	(c)							173.5143
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	ě	PERIPH	ERAL A	RTERIAL	. IN	SUFFICIENCY				
I	5	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
	CERTIFICATION				17/10		YES NO	YES [NO 🗆
ì	8	210. ACCIDENT WAS UNDERLYING	110110 4		YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF	DEATH		19					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ADM ETC I	211 LOCATION	CITY OR TO	wn	COUNTY	STATE
	2	AT WORK NOT WHILE	(Al Home Sin	ett, ractori, office, r	ARM, CTC)					
1		22a I certify that (this ho		e deceosed from_	7-1	10 19 14			81/	that (we) lost
		sow the deceased olive obove, (I) (we) (did) (did	on	Mar donth	14.	nd that in (my) (our) opinion	deoth occurred on the de	ate and hour or	d from the	couses stated
		22b. SIGNATURE	- 11	1/	100	DEGREE		THE	220 DATE	SIGNED
	7	1 // Clac	3XVX	14		ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗍	7/1.	1/84
ĺ		THE PHYSICIAN'S NAME (TY	PE OR PRINT)		-	The ADIDRESS	TISTURE	73.3		
		ALBERT	0 J. 1	0112	42	7600 OSLE	RDA, TOL	150N, 1	eld.	
	23e B	URIAL CREMATION, REMOV	AL 23b DATE	23c N	NAME OF C	EMETERY OR CREMATORY				

O FUNERAL DIRECTOR ould be definithed to the State Dapt, of PORTANT, # 1%

DHMH - 16 50M 4/B3 (VRA 15, 4)

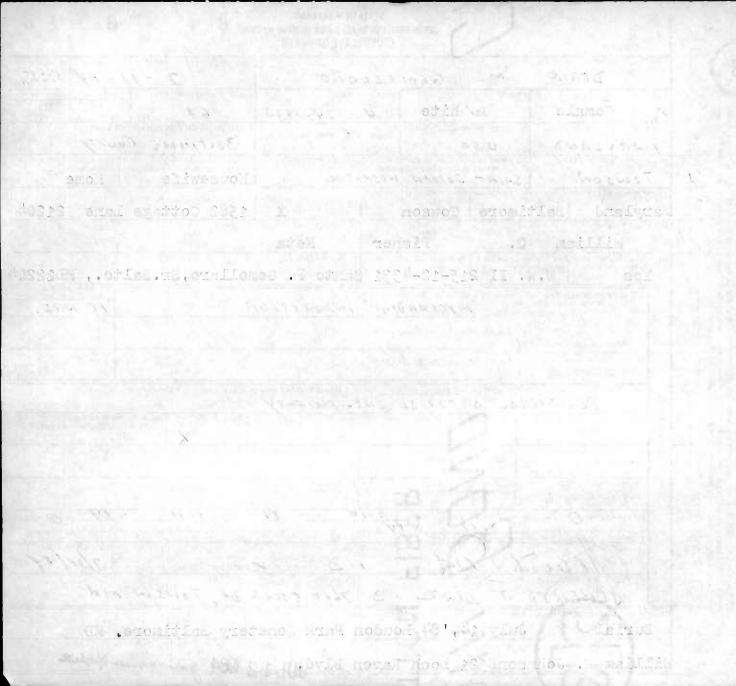
Burial

July 14, 84 Loudon Park Cemetery Baltimore, MD

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Guid Davidson-Randall

24 FUNERAL DIRECTOR
William E. Johnson8521 Loch Raven Blvd



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical ex

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR		t	DEPARTMENT OF H CERTIF			NE 8 4	NO.	8 0	91
	CEASED NAME E OR PRINT) A	BERT	MIDDLE H.	G	ENESE		DATE OF DEATH	37	19 84	7 15 A M
3. SE	* MALE	4. R	WHITE	5. DATE C		'tâg	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7a. B	IRTHPLACE (STATEORI	1	U. S.	DUNTRY? 8. MARRIEI WIDOWE	D NEVER M	ARRIED 9	BACT	OR COUNTY		MD
B	Che boill - !	Md/1	NAME OF HOSPITAL	NIC HON	OR OTHER INSTI		20 USUAL OCCUP TYPE OF WORK FOR MO			BUSINESSOR
130	AL RESIDENCE (IF NURS STATE MD ATHER'S NAME	136 COUNT	13c CITY	OR TOWN		Y LIMITS?	STREET ADDRES	s/zipcode	SI. ~	1043
0	DAUID	MIDD	ଟେ	ENESE	KAT	IE IE	Est	nor	Hô	W
	WAS DECEASED EVER	IN U.S. ARMED	P OP DATES	-16-1516	Hd Ho	asonic	Home ADI	GCI Coci	cereville	2. HO310
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o AS CAUSED BY IMMEDIATE C		straintest	ind i	Bleed			APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
NO	Conditions, il ony, gove rise to improve (0), stating underlying cause PART 2 OTHER SIGN	nediate ig the last	DUE TO, OR AS A CO	Urem i	sis	TO THE TERMIN	AL DISEASE OR CO	DINDITION GIV	/EN IN PART 110	/8/
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	206. IF YES	S, WERE FINDING FYING CAUSES (GS USED OF DEATH?
1	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	NTH DAY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURI		21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION	7	CITA OF	TOWN	COUNTY	STATE
	saw the decease	ed alive on	ottended the decease	th. 19 8 4 ar		, 19 our) opinion de	, to ath occurred an the			nat (I) (we) last ouses stated
	274 PHYSICIAN'S N	m	6/	ns t		TENDING HYSICIAN	MEDICAL DIRECTOR PHY	TAFF SICIAN	7-1	9-84
	P	m	KIVES		Ma	ry land		c Ho	ine s	
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 2	36. DATE 7-20-84	Christ	Epis. (Ch.Cem.		_	lbot Mar	yland
	uneral director itbhell-Wie	edefeld	Home 6500	York Roa	d 21212	25a. DATE	4 1984	relia Davi	don-hand	REPORT :

DHMH - 16 50M 4/83 (VRA 15, 4)

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Within 24 hours af ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the hospital or attending physician.

TO HOSPITA

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

y filled in by the funeral director, page 3 ould be filed within 72 hours after death

STATE OF MARYLAND

		REGISTRAR		CERTIF	ICATE OF DE	AIH	REC	. NO.			
		CEASED NAME FIRST	MIDDLE	0	LAST		20 DATE OF DEAT		QAY Y	FEAR	26. HOUR
		Henry	H.	50	eyer			1	18	84	4 HM
	3 SE	X 1101 = "	4 RACE	S. DATE (H DAY	YEAR	6. AGE (IN YEARS LAS	(BIRTHDAY)	IF UNDER	DAYS	HOURS MIN
	Zan Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	10	33	1903	9 BALTIMORE CIT	Y OR COLH		TM	
25	9	OUNTRY)	TO CITIZEN OF WHAT COUNTRY!		D NEVER MA		Post	O Co	VIAT	K	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			UTION	12e USUAL OCCU	PATION	12b. K		F BUSINESS OR
10	-	TOWSON /	WANDR CA	PF-	Ruxto	N	Shipping M	a Cle	/ / / /	STRY	ina Rd
	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 1131 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 134 CITY OR TOW		1134. INSIDE CIT	Y LIMITS?	130. STREET ADDRE	SS		2	1224
5	IY	Paryland -	- Balti	norp	YES 🔀	NO []	116 N.	Poto	mec	. 5	Fret
100	14. F/		AIDDLE LAST		IS. MOTHER'S		WE	.E	77	LAS	ī
A(C)	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? THE SOCIAL SECU	RITY NO	Da In 17 INFORMAN	T e	AC	DRESS	Such	1/1	09
7			WAR OR DATES)	-1978							
		IS CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and						Las	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS CAUSED		INDI	4 # 0	F B	LADDE	R.			
			DUE TO, OR AS A CONSEQUE	NCE OF	1	0					
		Canditians, if any, which gave rise to immediate	(16) MBT	45V	AS1	> .					
Λ.		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF							
			(c)								
	N N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PA	ART IC	01
1	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20e AUTOPSY?		YES, WERE		
7	TIFF						YES NO	_	RTIFYING CA	AU3E3	NO [
5	_	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c HOW INJU	JRY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18, PART I OR PA	ART 2]	
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	11/10017101	1					
	MED	214 INJURY OCCURRED WHILE NOT WHILE	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.	21f LOCATION STREET		CITY OF	RTOWN	COUN	ITY	STATE
		AT WORK - AT WORK -	ol) attended the deceased from		1	19	to		19		that (I) (we) lost
	an c	saw the deceased alive on above, (1) (we) (did) (did not	19	24 1,0	nd that in (my) (c		death accurred on th	e date and			
		226 SIGNATURE	yiew mepody oner deam.		DEGREE		,		22c.	DATE	SIGNED
		X	caar		PH	TENDING TYSICIAN [STAFF YSICIAN [711	7/89
1		224. PHYSICIAN'S NAME (TYPE OR	PARRA.		220 ADDRESS	77	HARFO	no	R	/	
		(11115 02 2	11			0	19	1	
	/3a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF C	EMETERY OR CR	EMATORY	23d LOCATION	. 1.	COUNTY	12	- State
	24. FU	UNERAL DIRECTOR	11-30-37	K/ /.	wing	25a. DAT	REC'D. BY REGISTI	AR 256. RE	STRAR'S SI	GNAT	URE
9	h	La A. Moran I	11c - 3000 F.]	Balt	o.St.		JUL 2019	84 gr	elia Davi	doon	- Randall

A. Moran Inc - 3000 F. Balto. St.

Variable of the state of the st Tourself Late - Name William Para - Name Company of the second of th Canal Part of the State of the CARCINOMA OF SCHOOLER METHSTASIS. C. C. PARRA TIZZ HARFORD RY. William Land - L and the state of t

and completely filled in by the funeral director, ages 1 and 2 should be filed within 72 hours after

TO FUNERAL DIRECTOR, after this certificate has been signed by the ortending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

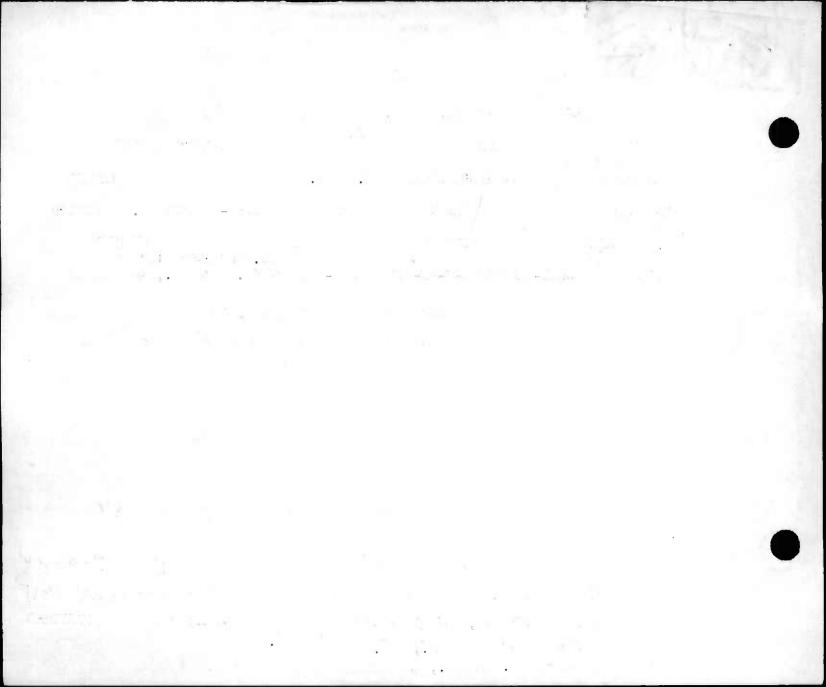
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4	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	<i>.</i>		
		CEASED NAME FIRST	MIDDLE	(2121	BERT	20 DATE OF DEATH A	7 10	YEAR 84	26 HOUR
0	3. SEX	MALE	4. RACE HITE	5. DATE O	OF BIRTH OAY YEAR 16 - 09	6 AGE (IN YEARS LAST BIRTH	MON YRS	INDER TYEAR	IF UNDER 24 HRS. HOURS M.IN.
of of ores	P	RTHPLACE (STATE OR FOREIGN COUNTRY) OLAND TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE WIDOWE	D XXVEVER MARRIED D DIVORCED	9 BALTIMORE CITY OR BALTIMORI 120 USUAL OCCUPATIO	E COUNT	ΓY	MD.
50	-	ANDALLSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET BALTIMORE COUN ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	VTY GE	N. HOSP.	MERCHANT	WORKING LIFE)	RETA	IL
30	13a. S M	ARYLAND		/N	YES XX NO 🗆	130 STREET ADDRESS / 2909-F TERF		#2	1209
10		THER'S NAME FIRST HARRY	GILBERT		15. MOTHER'S MAIDEN NAM FANNIE	WIDDLE		CNOWN	1
medico	17	YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES! I—MARTNES 143–09-		17 INFORMANT MR 2909-F TERRY	S. FLOREMEES DR. BALTO	SGILBER	212	
event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a)		pira fory.	arrest		APPROXIM BETWEEN O	MATE INTERVAL ONSET AND DEATH
er froumotic		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	e In	Serion myo	Cardial I	nfar	From	
injury, or other	CATION	PART 2 OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART Tro)
ows ony	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, W IN CERTIFYIN YES [IG CAUSES	
tem 18 st		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IS PARI	I OR PART 2)	
morkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
2		saw the deceased alive an	ot) view the body after death.	84. on	d that in (my) (our) opinion of	death accurred on the dat	te and hour ar		that (I) (we) last causes stated
T: If Hem 21		22b. SIGNATURE	ung (\$	9	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		224 DATE S	10-84
MPORTANT: #		22d. PHYSICIAN'S NAME (TYPE C	DEPESTIVE	2=	PSALTIMO	RE COUN	TY GE	PERA	L HOST
₹	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JULY 12,1984 I		EMETERY OF CREMATORY	23d LOCATION	ORE o	OUNTY M	ARYLAND
	24 FL	INERAL DIRECTOR SOL I	EVINSON & RDOS	T NC	N ISRAEL SECT	REC'D. BY REGISTRAR 2	Sh. REGISTRA	R'S SIGNATI	URE

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funity should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with maken the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DEC	CEASED NAME	FIRST		MIDDLE	· ·	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	E OR PRINT)	Margar	et.	н.	R G	LOS	July 2	1984	4	5:55
J. SEX	Female		4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24
-			White		Tu	he 16°1913°	71	YRS.		HOURS
	Maryland	OR FOREIGN	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore city o	1.0		
	ssville 2		Frank!	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	CLETK FOR MOST O	ION OF WORKING LI		F BUSINESS
USUA 130 S	ALRESIDENCE (* N STATE aryland		other institution. TY timore	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP COD	Rd. 2	1221
14. FA	ATHER'S NAME	Soud	ADDLE er s	(AST		15 MOTHER'S MAIDEN NA Mary FIRST Cull			LAS	51
16a W	WAS DECEASED EV		MED FORCES? WAR OR DATES)	219 03 5		William J. (Glos, Husbar		Same	MATE INTERVI
	Conditions, if o gave rise to icouse (o), stounderlying cou	1MMEDIATI ny, which mmediate ting the	(b)_	Cardiac A R AS A CONSEQUE Acute Myo	ence of ocard	ial Infarctio	n			
TIFICATION	Conditions, if a gave rise to it couse lol, ste underlying con	IMMEDIATION, which mmediate fing the isse last.	DUE TO, O (b) DUE TO, O Ic) ONDITIONS CO	R AS A CONSEQUE ACUTE MYC R AS A CONSEQUE DITRIBUTING TO E	ENCE OF OCATO			20b. IF YES	VEN IN PART III	NGS USED
MEDICAL CERTIFICATION	Conditions, if o gove rise to icouse 10), sto underlying counderlying counderlying counderlying. PART 2 OTHER SI 198. DATE OF OPEI 21a. ACCIDENT WAS: OR CONTRIBUTING (IF ETHER NOTEY M 21d. INJURY OCCU WHILE NOTEY M 1 WORK NOTE 3 WORK NOTE 22a.1 certify that saw the dece obove. MC (we 22b. SIGNATURE	IMMEDIATION TO STATION INDERLYING CAUSE OF DEAL COURT CAUSE OF DEAL CAUSE	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 198. COND 218. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUE ACUTE MYC R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. IRE deceased from 19	OPERATIO APPLICATION APPLICAT	NOT RELATED TO THE TERM IN WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 27 , 19 84 and that in (Jun (our) opinion DEGREE ATTENDING PHYSICIAN DETAILS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO THE ACTUAL STA DIRECTOR PHYSIK	20b. IF YE IN CERTIII YE IN CERTIII YE IN ITEM 18. I	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 84 PUT and from the	NGS USED OF DEATH NO STA that (we causes state SIGNED
MEDICAL CERTIFICAT	Conditions, if o gove rise to icouse (o), sto underlying country of the control o	IMMEDIATION TO STATE OF THE PROPERTY OF THE P	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 198. COND 218. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUE ACUTE MYC R AS A CONSEQUE DITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. Ite deceased from Other death.	OPERATIO AY YEAR 19 ARM, ETC.) June 84 . of	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION SIREET 277 19.84 and that in (AM) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO TO JULY 2 death occurred on the d MEDICAL STA DIRECTOR PHYSIC 2 BECA	20b. IF YE IN CERTIII YE IN CERTIII YE IN ITEM 18. I	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 84 ur and from the	NGS USED OF DEATH NO that (we causes state SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

Elen Promise of the Elen or and offered the 2050 Track of Godenic Riprot State They could the commence for the or store Steeler Colored Hadelin - 122 M. Taken . Definition E. Modernsenedia Local March Male TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the

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may be

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

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	DEC NO					

REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST NOT THE COMPRENT OF THE PROPERTY OF THE	lary	Catherine	Coldring	26. DATE OF DEATH MONTH	23 84 12 PM
3. SEX	4 RACE	S. DATE	OF BIRTH Y	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 FEAR IF UNDER 24 HRS
Female		ack 5	24 52	3.2 YRS	
TO-BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? B. MARRIE	ED NEVER MARRIED X	BALTIMORE CITY OR COUN	IY OF DEATH
Maryland	U.S.	A. WIDOW	ED DIVORCED	Baltimore C	
Randallstown	(IF NOT IN SUC	HOSPITAL, NURSING HOME		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSIFE HE E	R OTHER INSTITUTION			spital	01010
136. STATE 136 COU	NTY	13c. CITY OR TOWN		130. STREET ADDRESS	21212
Maryland		Baltimore	YES NO 15. MOTHER'S MAIDEN NA	404 E. Cold	spring Lane
FIRST	WIDGE	LAST	FIRST	MIDDLE	LAST
Garfield 160. WAS DECEASED EVER IN U.S. A	DIVED FORCES	Goldring 166 SOCIAL SECURITY NO.	Evelyn 17 INFORMANT	ADDRESS	Braxton
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	100 SOCIAL SECURITY NO.			
Unknown			Evelyn Gold	dring 5220 Yo	
18. CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	1.: 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	TE CAUSE (a)	00	ideac Ce	nu	A PROPERTY OF
	DUE TO O	R AS A CONSEQUENCE OF A	0001		
Conditions, if any, which	((5)	K AS A CONSCIOULING OF	2500		
gove rise to immediate) (0)		0.	1. 10 tus	
couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEQUENCE OF	alute. V	willing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DART 2 OTHER CICALISICANI	(c)	ON TO BE ATURE	LIOT DEL LYER TO THE TERM	VINAL DISEASE OR CONDITION G	N/F-1 N C C T
	CONDITIONS	DNIKIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART ITO
NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ \text{ NO } } \)
210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IS	3 PART 1 OR PART 2)
0.000,000,000,000,000	AIR	M. MONTH DAY YEAR M. 19			
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e. PLACE		21f. LOCATION		
MHILE NOT WHILE I		REET, FACTORY OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		11	1 7/-	7/1,2/	Sel
22a. I certify that (1) (this hasp saw the deceased alive a			, 19 <u>10</u>	death accurred on the date and hi	, that (I) (we) last
obave, (I) (we) (did) (did n	ot) view the body	ofter death.		death accurred on the date and hi	1
22b. SIGNATURE	11/2		DEGREE		22c. DATE SIGNED
pec	cyc		ATTENDING PHYSICIAN	MEDICAL STAFF	
224 PHYSICIAN'S NAME (TYPE			220. ADDRESS	40	1
WI	CFS	01/	10066	Larrer	21055 ruge
230. BURIAL, CREMATION, REMOVA	7/28		CEMETERY OR CREMATORY	y Balltimore,	COUNTY Md.
24. FUNERAL DIRECTOR		202021	250. DAT		CTDADIC CICALATURE
	Tero	1101 E North		E REC'D. BY REGISTRAR 256. DEGI	strar's signature
Wm C March F/H	Inc.	LIOI E NOTE	Avenue	UI 40 1984 7	- Marketor

DHMH - 16 50M 4/B2 (VRA 15, 4)

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STATE OF MARYLAND

FOR STATE REGISTRAR				FICATE OF DEATH	REG. NO.			
I. DECEASED NAME FIRST		NIDDLE		LAST	20. DATE OF DEATH MON	NTH DAY	YEAR	26. HOUR
GLAT	ys	GOL	0.5	STONE	July	8, 9	84	5140 M
3. SEX	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 MRS HOURS MIN.
FEMALE	WHITE		FEB	. 2, ^{DA} 1907 YEAR	77	YRS.		MIN.
78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V		ARRIE	D NEVER MARRIED XX	9. BALTIMORE CITY OR C BALTIMOR			MD
RANDALLSTOWN		MORE COUNT		EN. HOSP.	TYPE OF WORK FOR MOST OF WO			L DEPT.
USUAL RESIDENCE (IF NURSING HOME			1551ON)	A 12 L IN CORE CITY I I I I I I I I I	LIS CAREET ADDRESS		S	TORE
MARYLAND 13b CO	UNIT	13BALTIMORE		YES P NO	133601 FORDS	LA.		#2121
14. FATHER'S NAME FIRST MEYER	WIDDLE	STONE		15 MOTHER'S MAIDEN NAM	ME MIDDLE UNKNOW	N	LAS	51
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY	NO.	17 INFORMANT MRS	S. CAROLE WIL			
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	216-01-58	22	4109 PRISCILI	•	0. M	D .	21208
Conditions, if any, which gave rise to immediate cause (a), staffing the underlying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF		Pailm			
	T CONDITIONS CO	INTRIBUTING TO DEAT	<u>rh</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	on Given	IN PART 1	a
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDIT	TION FOR WHICH OPE	RATIC	ON WAS PERFORMED			_	NGS USED S OF DEATH?
OR CONTRIBUTION OF CALLES OF S	DEATH HOUR A.A	M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART	OR PART 2)	
THE FITHER NOTIFY MEDICAL EXAMINE 118 EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE FARM,		211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
22a.1 certify that (1) (this has sow the decessed alive a above. (1) (we (did) (did 27b. SIGNATURE			4.0	nd that in (my) (our) opinion DEGREE	death accurred on the date	ond hour o	nd from the	
Shown	- Con	Lewin	لمر	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X		8-84
CHASSEM		MOTABO	=	220 ADDRESS	. Co. Gan	h	H cray	استنا
23a. BURIAL, CREMATION, REMOVA	JULY 9	,1984 BNA	E OF C	SRAEL (MISHKON	ISRAET SEC.)	BAL	TIMOR	E, MD ^{MTE}

DHMH - 16 50M 4/B2

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filter should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR
NAME
6010 REIS SOL LEVINSON BROS., INC. Ę (VRA 15, 4)

BALTO. MD REISTERSTOWN RD. 21215 250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 1 0 1984 Julia Landson Annual

4-1 CONTRACTOR ACTOR MARCHINE (6. July 1766) ar with the state of the

please remove carbonpopers. Pages 1 and 2 shauld be fi

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is marked or Item 18 shows any

		ST	ATE	OF	MA	RY	LAND	
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	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE										
ı	•	REGISTRAR				CERTIF	ICATE OF DEATH		REG	6. NO.		
ľ	. DEC	EASED NAME	FIRST	,	AIDOLE	l	AST	2a	DATE OF DEAT	H HINOM H	DAY YEAR	26 HOUR
	(TITE				O. Gonza					4 1984		м
I	3. SEX		4 R	ACE		5. DATE C			GE (IN YEARS LAS		MONTHS DAYS	HOURS MIN.
l	F	male		Caucasi	an		uary 6 1896		88	YRS		
ł		RTHPLACE (STATE ORF	OREIGN 76 (CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 B	ALTIMORE CIT	Y OR COUNTY	OF DEATH	
1		OUNTRY)		U.S.A.		WIDOWE			Baltimore	Charley		MD.
t	10 CI	TY OR TOWN OF DEA		NAME OF H		G HOME C	OR OTHER INSTITUTION	J 12a	USUAL OCCUP	ATION		F BUSINESS OR
	R	andallstown			n Nursing F			1 1	PE OF WORK FOR MC	ST OF WORKING LIF	E) INDUSTRY	
ł	6	L RESIDENCE (IF NURS						1.0	olisiis Vac			-
	13a. S	TATE	136. COUNTY		13c. CITY OR TOW	N	134 INSIDE CITY LIMIT			SS / ZIP CODE		07.000
1		aryland	Baltimo	ie	Woodlaw	1	YES NO X		7001 Pari	s Hoad		21207
ł		THER'S NAME FIRST	MIDD	DIE	LAST.		FIRST		MIDDI	E	LAS	т
1		ibano Ordonez					Morina Fl					
		(AS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECU	RITY NO.	17. INMRNANTER	inda C	. Yutzy ^{AD}	DRESS		21207
	N				455-03-6	699 A	7001 Pari	s Road		Baltime	2	Maryland
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						mesteds yes						
١	N	PART 2. OTHER SIGN	NIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR C	ONDITION GIV	EN IN PART I	a
	CERTIFICATION	190 DATE OF OPERA	TIÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO	INCERTIF	, WERE FIND II YING CAUSES S	
		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTHEY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		211. LOCATION			N 10141	COUNTY	STATE
	W	WHILE NOT WH	IILE	(AT HOME STE	REET, FACTORY, OFFICE F	ARM, ETC)	STREET		CITY	NWOTR	COONIT	SIAIE
		22a.1 certify that (1) sow the decease above, (1) (we) (c	ed alive an J	une 29	198	46-30	nd that in (my) (our) op		,	-	and from the	
1		22b. SIGNATUR	Me	lin	0			NG M	NEDICAL IRECTOR PH	STAFF YSICIAN []	7-6	
		22d. PHYSICIAN'S NA		~			22e ADDRESS	7 7 0	/ D	1 011	7.7	
		Dr. Mo	orton J	Ella	in		5310 0	ia co	urt Roa	d 211	00	

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 23c NAME OF CEMETERY OR CREMATORY Lake View Memorial Park 23d LOCATION
CITYOR TOWN
Eldersburg

Burial 7-7-84 Lake View M
FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.
8728 Liberty Road Randallstown, Maryland 21133

Park Eldersburg Carroll Maryland
25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

retained by the haspital or attending physician.

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

			-	-		
	REG. N	10.		1		
OF	DEATH	ANCORITM	DAY	VEAR	41	LICHE

REG. NO.	
20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
July 26 1984	1310 M
	R YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
62 YRS	1.00.0
BALTIMORE CITY OR COUNTY OF DE	ATH
Baltimore County	MD
	KIND OF BUSINESS OR
	cor Company
ITS? 136 STREET ADDRESS / ZIP CODE	
	21207
N NAME MIDDIE	(ASI
	21207
	Maryland
	APPROXIMATE INTERVAL
IN CERTIFYING	PART IIO FINDINGS USED CAUSES OF DEATH?
CCURRED (ENTER NATURE OF INJURY IN 11EM 18, PART I OR	
CITY OR TOWN CO	UNIY STATE
, ta, 19	, that (I) (we) los
pinian death accurred an the date and hour and t	rom the couses stated
The state of the s	
ING MEDICAL STAFF	26/84
ING MEDICAL STAFF	
ING MEDICAL STAFF	
ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN DE DE COUNTY GEN	LOSPITE
ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN DEPO	A DATE SIGNED 1 26/84 1 HOB PITTO 1 Maryland
	20. DATE OF DEATH MONTH DAT July 26 1984 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 62 YRS 9. BALTIMORE CITY OR COUNTY OF DE Baltimore County 170. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) IND Retired Garage 175? 130. STREET ADDRESS / ZIP CODE 3629 Florida Rd. NAME MIDDIE P. COULLIED ADDRESS ida Rd. Baltimore 200. AUTOPSY? YES NO YES IN CERTIFYING (YES YES YES

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filewith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR STATE

r. page 3 fter death

may be

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	10 10 10	TEL (8) 13		50000	
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Door Ongas	Besled Guego	listhyall i	neri Curity Cina	abile)	Much Const
TIKES	Tell Marich Ed.		tectator 1	nontation	bradyast
	y Ostideo P. Ostideo Your, Baitleou	aris and	214-16-3871	cint	ina and a
	ne gainer na U 3 U ge	316		Loring Dyers F	facial M28 Liberg

STATE OF MARYLAND - STATE REGISTRAR

MIDDLE

R.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.			
GRAHAM SR.	JULY 11, 1	984	26 HOUR 11:55	
5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
OCH 2 2DAY 1 D 2 TAR	5.6	MONTHS: DAYS	HOURS MIN	

WHITE MALE OCT. 22 1927 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE | STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED USA

DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE COUNTY 126. KIND OF BUSINESS OF OIL CO. 20 USUAL OCCUPATION TRUCK DRIVER

BALTIMORE USUAL RESIDENCE GIVE RESIDENCE BEFORE ADMISSION BALTO.

4. RACE

13d INSIDE CITY LIMITS?

21087

13. STREET ADDRESS / ZIP CODE RD. 15 MOTHER'S MAIDEN NAME

21.087

MD. 4 FATHER'S NAME CARLYE

IN CITY OR TOWN OF DEATH

L DECEASED NAME

(TYPE OR PRINT)

3. SEX

CERTIFICATION

GRAHÂM

TRENE 17 INFORMANT

ADDRESS

60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) YES

FIRST

JOHN

16b. SOCIAL SECURITY NO 218-22-9067

EILEEN GRAHAM (WIFE) SAME ADDRESS

MIDDLE

CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	Kannataga	y arrest
Canditians, if ony, which gave rise to immediate	(h) Small consequence of	Jung con

underlying cause

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00

					YES
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH	DAY Y	rear	21c HOW INJURY OCCURRED) (FN
(IF FITHER NOTICE MEDICAL EXAMINER)	PM		19		

21e PLACE OF INJURY

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a | certify that HT Whis haspital) attended the deceased fram

211 LOCATION COUNT

20g AUTOPSY?

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

226. SIGNAT

7/14/84

STAFF MEDICAL ATTENDING 22e ADDRESS

STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

UNIVERSITY HOSPITAL 22 S. Greene St.

230	BURIAL, CREMATION, REMOVAL
	BURIAL
	DOLLTYD

190 DATE OF OPERATION

21d INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY BELAIR MEM. GARDENS

DEGREE

CITY OR BALTO

MD.

24 FUNERAL DESCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR RD., BALTO. MD. 21213 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

If Item 21

MPORTANT.

ould be detached th the State Dept.

 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR			REG. NO.				
	NOE G	UBERMAN	20 DATE OF DEATH MONTH 7 23	7 84 28. HOUR 4 15 A			
enale	1. RACE Cau. casian	5. DATE OF BIRTH	MC	FUNDER I YEAR IF UNDER 24 HRS			
BIRTHPLACE POLAND	7b. CITIZEN OF WHAT COUNTRY?		001/30				
PIKESVILLE	LIE NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	121 KIND OF BUSINESS OR INDUSTRY AT HOME			
ARYLAND		E YES X NO [3409 MENLO DR.	#21215			
FIRST		FAÑNIE	WIDDLE	FINKEĽSTEIN			
	C 1111 P 00 D 1 PC 1			, VA 22090			
PART I. DEATH WAS CAUSE	D BY:	rdial arris	1	BETWEEN ONSET AND DEATH			
Conditions, if any, which gove rise to immediate cause (a), stating the		1//					
	(c)			N IN PART 1(0)			
19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	RT I OR PART 2)			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
saw the deceased alive on	July 27 108	, and that in (my) (our) opinio	n death aborred anihe date and hour	ond from the couses stated			
22b SIGNATURE	anul Lei	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/27/84			
PANUE L	LEVIN, M.C	2 6/0/ PAR	e Heis AUE BA	LTO MO 2/2/			
BURIAL	7-29-84 \\	ESHEAR CONG.	23d. LOCATION CITY OF TOWN ROSEDALE BAL	ro. MD			
			ATE REC'D. BY REGISTRAR 25b. REGISTR.	AR'S SIGNATURE			
	BIRTHPLACE POLAND BIRTHPLACE POLAND COUNTRY) CITY OR TOWN OF DEATH PIKESVILLE UAL RESIDENCE (IF NURS BIRTHPLACE) STATE ARYLAND FATHER'S NAME ISAAC ISAAC WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF PART 2 OTHER	EX. 4. RACE Casian	BIRTHRIACE POYLANDS ON THE INSTITUTION CONTRIBUTION OF AS A CONSTRUCTOR OF THE INSTITUTION OF THE INST	BRITHPIACE BRITHP			

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

hales man & the The Property of the Property o A STATE OF THE WAY TO SEE THE STATE OF THE S ARM OF SHARE SHE THE TANK IN THE SHE WITH A SHELL SHE WAS

	1/	1	
B)	do	1-	FOR STATE REGIS

nding physician and completely filled in by the funeral director, page 3 carbanpapers. Pages 1 and 2 shauld be filled within 72 hours after death

within 24 hours ofter

executed

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	64		8	1	0	2
	REG. N	10.				
TE O	DEATH	MONTH	DAY	YEAR	2b. HOUR	

REGISTRA	R			CEKIII	ICATE OF DEATH		REG. NO.		- 4-11
1. DECEASED NA	ME FIRST		MIDOLE	4	AST	2a. DATE OF D	DEATH MONTH	OAY YEAR	2b. HOUR
(TIPE OR PRINT)	DORIS	FLO	DRENCE	GU	NTER		July 9	84	2:55 M
3. SEX		4. RACE		5. DATE C		6 AGE IN YEA	ARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
FEMA	LE	WHITE	3	8-	27- 15	68	YRS.	MOINTHS DAYS	HOURS MIN.
7a BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
MARYLA	ND	U.S.F		WIDOWE	DIVORCED	BALTI	MORE COUN	JTY	MD.
10 CITY OR TOW		(IF NOT IN SUC	H FACILITY, GIVE STREET	T ADORESS)	R OTHER INSTITUTION	120 USUAL OF	CCUPATION FOR MOST OF WORKING		OF BUSINESS OR
DUNDAL		MERIDIA	AN NSG.CI	CR.HER	ITAGE	EXEC.	SECRETARY		STRAPPING
USUAL RESIDENCE 130. STATE MARYLA	ND BALT	TY	13c. CITY OR TOV	NN	13d. INSIDE CITY LIMITS? YES NO 🛣	130. STREET AL	DDRESS SHIP ROAD	21222	
14. FATHER'S NA/		MIDOLE	LAST		15. MOTHER'S MAIDEN NAM	ME	MIDDLE	LAS	ST
JOH		L.	FITZE	ELL	LILY			GR	AY
160. WAS DECEAS	SED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17. INFORMANT		4946° WIN	JDHAVEN	COURT
NO			17-12-70	070	SHANNON L. BI	RUNSON	DUNWOODY	GEORG	IA 30338
18 CAUSE	OF DEATH (Enter on	ly one couse per						BETWEEN	ONSET AND DEATH
PARI I.	DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	Cardiop	uxmo	nary arrest	1			
1000		DUE TO, O	R AS A CONSEQU					9 50	
	s, if any, which	(b)	Metast	atic	ourian co	ancin	ma		
couse (c), stoting the	DUE TO, O	R AS A CONSEQU						
		(c)		reuma					
		-			NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION G	IVEN IN PART 1	0.
18 DATE C	Attensele OF OPERATION				N WAS PERFORMED	20a AUTOP	SY2 Inh IF Y	ES, WERE FINDIN	NGSTISED
E E				TOTERATIO		YES 🗀	NO NO IN CERT	TIFÝING CAUSES YES 🗍	NO [
00.000,000	NT WAS UNDERLYING UTING CAUSE OF DEA	TH HOUR A.	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTERNATU	JRE OF INJURY IN ITEM IB	PART 1 OR PART 2)	
9	OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY ON TOWN		JIANE
22a 1 certif	y that (1) (this hospi	tol) attended th				Z_, 10	414 9		that (I) (we) last
sow 1	he deceased alive on (1) (we) (did) (did no	July	otter death	84.01	nd that in (my) (our) opinion (death occurred	on the date and ha	our and from the	couses stated
22b. SIGNA		1	01101 000111		DEGREE				SIGNED
	un	A		/		MEDICAL DIRECTOR	STAFF PHYSICIAN	Jula	19,1984
	TAN'S NAME (TYPEO				22. ADDRESS Bel	air p	A R. L.	muoc 1	11
CA	ENG CHI	ING 2	IN		Joo pa	100	oner.	meye 10	2/206
230. BURIAL, CRE	MATION, REMOVAL	236. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION R IOWN	COUNTY	STATE
CREMATI	ON	7/10/1	L984 GF	REEN MO	DUNT CREMATORS		IMORE.		MARYLAND

BP

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etained by the hospital or attending physicial

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

WALITER BROOKS BRADLEY, INC. DUNDALK, MD.

GREEN MOUNT CREMATORY BALTTMORE, MARYLAND

250. DATE REGD. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

RESS

DALK, MD. 21222

JULY 2 984

Julia Davidson Registrar

	,
1	

FOR

REGISTRAR

FIRST

13b COUNTY

Carroll

MIDDLE

Henry

18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to.

IMMEDIATE CAUSE

4. RACE

White

Roy

I. DECEASED NAME

Male

Maryland

14. FATHER'S NAME

No

Maryland

70. BIRTHPLACE I STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

Randallstown

Louis

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause

19a DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNATURE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceased alive a

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased

- STATE

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

May 24, DAY 1908

MARRIED NEVER MARRIED

YES

15. MOTHER'S MAIDEN

17. INFORMANT

NOT RELATED TO THE

211. LOCATION

22e. ADDRESS

STREET

ATTENDING

DIVORCED

Ninn

Haley

5. DATE OF BIRTH

WIDOWED

214-20-5802 LaRue H.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore County Hospital

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY

AT HOME, STREET, FACTORY, OFFICE, EARM, ETC)

NGH

Sykesville

Haley

MIDDLE

Ray

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

U.S.A.

IYG	IENE 8 4 1	8	1	U	S
	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	JR
	-7	-	QV	74	0
		1	01	1	PM
	6. AGE (IN YEARS LAST BIRTHDAY)		ER I YEAR	IF UNDER	
	76 YRS.	1	13 13	HOURS	MIN.
	9. BALTIMORE CITY OR COUNT	Y OF D	EATH		
	Baltimore Co	0			MD
	120 USUAL OCCUPATION	126	KINDO	F BUSIN	
	(TYPE OF WORK FOR MOST OF WORKING		DUSTRY		
	Construction	3 MG	ork		
?	13e. STREET ADDRESS			01.	
	7312 1st Ave	€.	(217)	784)	
NAA					
ie	B.		Mi	lls	
	ADDUSIEN	Bu			
F	hillips,1 Gle			-	
			APPROXI BETWEEN	MATE INTE	RVAL
Eu	assist		BELWEEN	2NSET AND	DEATH
I					
10	of foot				
-1	1				
1	beti				
FRAA	INAL DISEASE OR CONDITION G	IVEN IN	PART 11	1.	
_11.141	THE DISEASE OF CONDITION O		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
			E FINDIN		
	IN CERT		CAUSES		TH?
	YES NO NO	ES [NO [

carbon poper carbon poper to bu certificate has been prior FUNERAL DIRECTOR:

00 0 MPORTANT

230. BURIAL, CREMATION, (SPECIFY) Buria

DHMH - 16 50M 4/82 (VRA 15, 4)

REMOVAL	7-10-1984
1	7_10_1084
	1-10-1304

23c. NAME OF CEMETERY OR CREMATORY Lake View Memorial

DEGREE

23d LOCATION

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

Carroll, Md".

22c. DATE SIGNED

COUNTY

STATE

24 FUNERAL DIRECTOR CharTes W. Burrier, Jr., Sykesville, Md.

216. TIME OF INJURY

P.M. 21e PLACE OF INJURY

HOUR A.M.

Balli mos

CITY OF TOWN

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

		= [4		
76 11 12			of int	oles
Paltitorn Co.,			1.5.0	And Care
Constant of the contract				
7912 1st Ave. (3178K)		offiveery:	Curroll	heaf-max
effet M. elgzud nel	oknaki.	Vallel	ArtenaH	wisted.
rilling, 1 Clenwood Lt.	Talve E. P	g 182_0g_Mrs		
			100	
Corroll, M	isk semoria	V espl Je	1, A, e,	Centrol
	and the . Did.	alleys salve.	with thirty	T.k selgefü

ecuted within 24 hours ofter

certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

	1-	FOR STATE REGISTRAR				ALTH AND MEN CATE OF DEA		ENE O REG.	NO.	0	
		CEASED NAME FIRST	MIDDI	LE	LAS	st .		20. DATE OF DEATH		DAY YEAR	26 HOUR
	{TYPE	OR PRINT)	RVIN	2.	11.	411.			JULY	15 84	15 p M
a or	3. SE		4 RACE	1	. DATE OF	BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER TYEAR	
	N	Male	Black	2	10	å (ořê [®]	75	YRS.	MONTHS DAYS	HOURS MIN.
125	7a. BI	IRTHPLACE STATE OF FOREIGN		AT COUNTRY? 8		.		9. BALTIMORE CITY		OFDEATH	
S. C.		MD	USA	\	MARRIED WIDOWED	NEVER MAR	RCED T	Raltin	2000	Paula	It V MD
P//	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	HOME OR	- Land	-	170 USUAL OCCUP		126 KIND	
20	71511	TOWSON AL RESIDENCE (IF NURSING HOA	St. Jo	S CALLETY, GIVE STREET ADI	Hos	pitAL		(TYPE OF WORK FOR MOS	ST OF WORKING I	FE) INDUSTRY	
SIF	13a. S		OUNTY 13c	CITY OR TOWN	11	134 INSIDE CITY I		13e.STREET ADDRES			01010
4	14 F 4	ATHER'S NAME	V 1	Jar CTIIIO		YES X NO	AIDEN NAM	523 Cha	reau /	Ave.	21212
TON)	14.17	FIRST	MIDDLE	LAST		FIRST	ī	MIDDLE		14	ST
-4/	14 - 14	Perry WAS DECEASED EVER IN U.S		Livan SOCIAL SECURI	TYNO	Sadie	<u>e</u>	ADI	RESS	Hall	
dic	- 1	YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	SOCIAL SECURI	100						
. e		10				Daisy i	натт	523 Cha	reau A		CIMATE INTERVAL ONSET AND DEATH
ovol		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line USED BY	for (0), (b), and (Cit					BETWEEN	ONSET AND DEATH
90		IMME	DIATE CAUSE (o)	C 4 11							
moti		6 19 7		MONSEQUEN	ICE OF	Disu	آم سام	vion	as C	inat	omossi
trou		Conditions, if ony, which gove rise to immediate	.)	ensu.	,	GA JU	ags	a o i i	0		011-025
other		couse (a), stoting the underlying couse lost	DUE TO, ON M.	A CONSEQUEN	ICE OF	the	Ce e	um			
0.0		PART 2 OTHER SIGNIFICA	NI CONDITIONS CONT	RIBUTING TO DE	ATT BUT N	OT RELATED TO	THE TERMI	NAI DISEASE OR CO	ONDITION GI	VEN IN PART 1	0.
חורים הייו	Z	TAKE 2 OTTEK SIOTVITICA	in constitucing <u>com</u>	MIDGINIO IO DE		-01112112010	1112 1211111	THE DIDENSE ON CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
out of	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH C			OPERATION WAS PERFORMED 200			20a AUTOPSY?		S, WERE FINDI	
ows ows	Ħ							YES NO		FYING CAUSE: ES 📋	NO []
8 2	CER	210. ACCIDENT WAS UNDERLYING	110110 4 44	JURY MONTH DAY	VEAD	71c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18	PART 1 OR PART 2)	
Hem	SAL	OR CONTRIBUTING CAUSE O	PUEAIN	MORITI DAT	19						
2 6	MEDICAL	714 INJURY OCCURRED	71e. PLACE OF	INJURY FACTORY, OFFICE, FAR	AL ELC Y	21f LOCATION		CITY OF	TOWN	COUNTY	STATE
morked	2	WHILE NOT WHILE AT WORK	(At HOME, SHEET,	TACTORI, OFFICE, TAN	m, eve y		V = N			800.8	
E S	1-9	22s.1 certify that (I) (this h					19	, to			that (I) (we) lost
2 4		sow the deceased alive obove, (I) (we) (did) (deceased olive)	e on d not) view the body ofte	er deoth.	, ond	I that in (my) (our	r) opinion d	eath occurred on the	date and ha	ur and from the	couses stated
If Hem		226. SIGNATURE	n. 6		D	EGREE	NDING	MEDICAL S	TAFF	22c. DAT	SIGNED
		occa	moo y	(mer	0	PHY	SICIAN [DIRECTOR PHY			15/84
RTA		27d PHYSICIAN'S NAME (1	11 -	1).		27e ADDRESS	50,	Or.	0	100	
MPORTANT:		DR. C	HARLES		M	-	21	Jaseb		Jasp	•
, >		BURIAL, CREMATION, REMO			ME OF CE	METERY OR CREA	MATORY	23 LOCATION CITY OF TOWN		COUNTY	STATE
_		Burial	7/21/84	4 Ch	urch	Cemet	ery	Magot		VD 4 DIG - 10-	MD
4/83		UNERAL DIRECTOR	- 4 1	1 E. No		3-1-1	ZSO DATE	1 7 1084	AK ZSb. REGIS	MAR'S SIGNA	moses .
)	WI	m. C. March	F/H 110	I E. No	ortn	Aye.	000	- 1 204	/		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours ofter dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

And the Manager of the Contract of the Contrac THE RESIDENCE OF THE PARTY WAS A STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

	REGISTRAR		CERTIF	CATE OF DEATH	REG. I	NO.		
17	1. DECEASED NAME FIRST	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH DAT	Y YEAR	2h HOUR
A)	(TYPE OR PRINT) Willa	rd William	n Ha	11		7 1	1984	8:30 A.
	3 SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
rs af	Male	White	1	14 1913	71	YRS	DATS	MIN.
P (3)	70 BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
18.0	Pennsylvania	U.S.A.	WIDOWE			- Count	y	MD.
301	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	12a USUAL OCCUPA	TION		F BUSINESS OR
1/U	Dundalk	7727 Fairgree			Welder	O1 410441140 [#E]		L Steel
701	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS	13e STREET ADDRESS	/ 7IP CODE	al	1444
10	Pennsylvania All	V		YES X NO	28 Nanser		11:	5207
400	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN	NAME		145	
20	Orlando	O. Hall		Ida	- Industry	В	utter	,
10	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADD	RESS 7727	Fairg	reen Road
(1)	No	166-10	-6228	Betty L. Kr			MD	
5 .	18 CAUSE OF DEATH (Enter	only one cause per line fg/Ja), (b),	and (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
ven	PART I. DEATH WAS CAUS	ATE CAUSE 10)	a Ca	ncer				
or re		DUE TO, OR AS A CONSEC	DUENCE OF	0 1				
fran, aum	Conditions, if any, which	((b) Chrone		e disease	J			
e a fr	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	1 1	1			
r of	underlying couse fost.	Smore	104.00 - 040	and as	estosexi	DUSLE	e	
ry. o		CONDITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TE	rminal disease or do	NDITION GIVEN	IN PART III	a
in o	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING							
Sony	S 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	NGS USED OF DEATH?
haw	RITIE				YES NO	YES	L-1	NO 🗌
18 sh	00 000 000 000 000 000 000		DAY YEAR	71c HOW INJURY OCC	URRED (ENTER NATURE OF IN	IURY IN ITEM IS PART	T I OR PART 2)	
Herr	(IF EITHER NOTIFY MEDICAL FXAMIN		19					
dor	216 INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET	CITY OF	OWN	COUNTY	STATE
orke	AT WORK AT WORK		12112	MCK 10 8	Α Α	. 19	54	
5 E	22a I certify that (I) this has	pital attended the deceased from	00	, 19_5	3 10 June	. 17	97	tho (f) (we) lost
f. of m 2]	obove (I) we) (did) Gid	of New the body ofter death.			on death occurred on the	date and hour a		
Dep # He	226. SIGNATURE	0	1.4	ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c DATE	SIGNED
ANT	Susan 1	Jennar	19		DIRECTOR PHYS		1/10	7 2/3
RTA /	224 PHYSICIAN'S NAME (TYPE	ORPRINT)		27e ADDRESS	- to be a	Aves	D. AL	Md
IMPORT	- MOUNTY	man		12000 C	asiemi	IVE	1641	144
7	230 BURIAL, CREMATION, REMOVA (SPECIFY)			EMETERY OR CREMATOR	Jeffersc	n	COUNTY	STATE
	Burial	7/5/84 J	efferso	n Mem. Park	Township	, Alle	gheny.	, PA

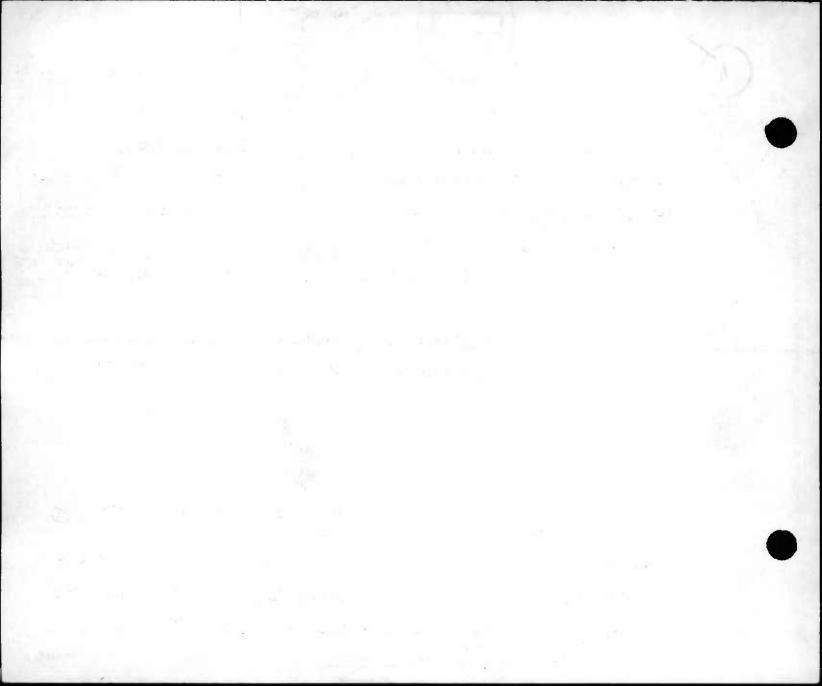
24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD

STATE OF MARYLAND

21222

250 DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



BP.

DHMH - 17 (VR A15 ME (5)) 20M 4/82

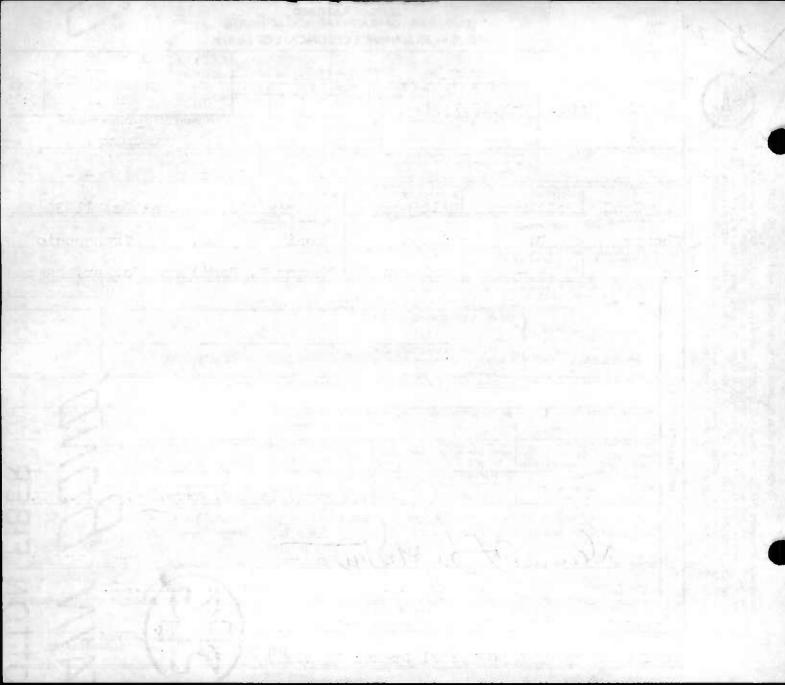
FOR - STATE

	STATE OF	MARYLAND	
DEPART	MENT OF HEAL	TH AND MENTAL	HYGIENS
AFDICAL	EV A SAISIED/C	CERTIFICATE	OFPEATH

8

DELAKI	WEITH OF	ILEACITICATE	MEINIME	IIIOIEI
MEDICAL	EYAMIN	ED'S CEDT	IEICATE	OF DEATH

-1	REGISTRAR		77122	ICAL EXAM	III IEK 3	-ENTITION	L OI DE	~***	REG.	NO.		
1	1 DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE	KNOWN ESTI-	X MONTH	DAY YEA	P 2b HOUR
ı		Dawn	100	V.	Ha	amilton			MATED	7	25 19 8	- ///
ŀ	3. SEX	RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF UN		NDER 24 HRS.	2c. DAT		MONTH	DAY YE	Za. FIOUR
I	Female	Cauc.	Feb. 16,	1975 9	YRS.	NO DATE NOO	N.S.	DEA	D	7	25 198	
1	70 BIRTHPLACE ISTA	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER A	ARRIED 🔀			_	ITY OF DEATH	
1	Maryland	d	USA		WIDOV		ORCED			e Cour		MD
	ID CITY OR TOWN C	F DEATH	11 NAME OF HOSE (IF NOT IN SUCH FAC	PITAL, NURSING H		IER INSTITUTION		MOST OF WO		TYPE OF WORK	12b. KIND OF OR INDU	
1	Rossville			off Rossv		lvd.	St	tudei	nt			
	USUAL RESIDENCE 11	F IN NURSING HOME OF		134. CITY OR TOV		13d. INSIDE CITY LIM	ITS? I3e STI	REET ADDR	RESS			
	Maryland	Balt	imore	Baltim	ore		₩ 874		ontai	na La	, 212	36
1	14. FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S A	AAIDEN NAM	E	WIDDIE		LAST	
4	Thomas	F		amilton		Toni		C	•		anguc	cio
1	160. WAS DECEASED (YES, NO, OR UNKNOV	EVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRI			
I	No			unkno		Thoma	s P. I	Hami	lton	, fat	her,	
1			ly one couse per line								BETWEEN O	ATE INTERVAL NSET AND DEATH
١		IMMEDIAT	TE CAUSE (0) BIU			ead and	strang	ulati	on			
1	0.10	11.4	DUE TO, OR	AS A CONSEQUE	NCE OF							
1	gove rise	s, if ony, which to immediate	(b)									
	cause (a) : lying cous	stoting the <u>under</u> elast.	DUE TO, OR	AS A CONSEQUEN	NCE OF							
			(c)									
		NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO TH	E TERMINAL DISEAS	E DR CONDITION GIVE	N IN PART 1 Tot.					
,	190. DATE OF O	ODEDATION	Time COMPIT	ION FOR WHICH	OBERATIONIN	/AS DEBEODATED	2				20 AUTOP	CMD
	SH INC. DAIL OF	DIERATION	IVE. CONDIT	ION FOR WHICH	DERATION V	AS PERFORMED						
-	21g EXTERNAL	CAUSEWAS	21b. TIME OF	INJURY	[2]r H	OW INJURY OCC	LIPPED LENTER	NATURE OF I	NICIRY IN ITEM	A IR PARI I OR P	YES X] NO []
1		□Ko _R	HOUR A.M.	MONTH DAY	YEAR						On (a)	
1	CONTRIBUTION 21d INJURY OF WHILE	G CAUSE OF C		7 25 1		ubject b	eaten a	and_s	trang	itea		
	WHILE	NOT WHILE X		ORY, FARM, ETC.)		STREET DOGGETT	llo Di	CITY OR TO			YINUC	STATE
1			2000	Carrier Colores		f Rossvi					11-1	MD.
1	22a I contill	may toak chorg	e of the remains day	thed grove, held	on Autar		pection,	Inquir		ond in my a	pinion	
1	deoth results	d Hours Natur	ol couses	Accident .	Suicide		X Unde	etermined n	nonner L	١.		
1	ACTUAL D	(b	6 \$7	must	2 Mil	TITLE (SPECI				DATE	7/2	6/84
4	SIGNATURE_	cicil	went	Jornay o	10 JUL	Assist	all MEI	DICAL EXA	MINER	SIGN	ED // 2	0/04
1	EXAMINER'S N (TYPE OR PRIN	TAME D	ennis F. S	Smyth, M.	D.	ADDRESS_11	l Penn	St.	Bal	to.,MI	D	
	23a. BURIAL, CREMAT	ION, REMOVAL 2	3b DATE	23c. NAME O	F CEMETERY C	R CREMATORY	23d L	OCATION Y OR TOWN		COL	UNTY	STATE
	Burial		7/28/84	Dula	ney Va	alley C	em. B	alto	, Md			0.0
1	24 FUNERAL DIRECT		ADDRESS				DATE REC'D. B	Y REGISTR	AR 256. R	a Davids	SIGNATURE	22
	SCHIMUNE	K FUNE	RAL HOME	,3331 B	rehms	La,212	13.00	1904	1/			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) ELIZABETH Bertha Hamman 5 DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) Aug. 29, 1894 Female White TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX Maryland U.S.A. Baltimore, County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Catonsville Secretary USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 134 INSIDE CITY LIMITS? 130 STATE Baltimore STREET ADDRESS 5517 Leith Road 21212 Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Hammann Josephine August 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-070309 Sr. Mary Charles 6410 E. Pratt St 21224 No 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, il any, which gove rise to immediate cause 101, stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220. V certify that (1) (this haspital) attended the deceased from sow) the deceased alive on and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 225 SIGNATURE DEGREE

22e ADDRESS

ld be deto the State

DRIANT

DHMH - 16 50M 1/76 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL Burial

Lawrence

CERTIFICATION

MEDICAL

230 NAME OF CEMETERY OR CREMATORY Most Holy Redeemer

Baltimore

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

Maryland

YEAR

IF UNDER I YEAR

Tobin

84

DAYS

26 HOUR

HOURS

126 KIND OF BUSINESS OR

Hospital

STAFF

24 FUNERAL DIRECTOR CHELL-WIEDEFELD HOME 6500 YORK RONDL

Gallager

7-25-84

236 DATE

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MANAGE - LAND - CAN A CA

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Item 18

10 puo

NOT WHILE

220 I certify that (1) (this hospital) attended the deceased from

sow the deceased alive on above. (Lifve) (did (Idid not) yew the body after death

TE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINT FLLEN HARPER 28 198 ANNIE SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNOFRIYEAR 1891 0 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND BALTIMORE (COUNTY DIVORCED X WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY ENTER Supervison ANDALLSTOWN COURT NURS:NE RUTLEDGE CO JSUAL RESIDENCE (IF NURSING HE ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE GOUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4807 HOWARD CLLICOTT CITY YES [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST 44 IDDIE FIRST * REBECCA HNNIE ARMED FORCES 16g. WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 17. INFORMANT LYES, NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) -318 216-67

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (bea PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T CERI 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY

STREET

ATTENDING

PHYSICIAN

MEDICAL

and that in

DEGREE

CITY OR LOWN

our) opinion death occurred on the date and hour and from the causes stated

STAFF

DIRECTOR PHYSICIAN

COUNTY

224 DATE SIGNED

STATE

should be detached FUNERAL MPORTANI 22d. PHYSICIAN'S NAME LIYPE OF PRINT 22e. ADDRESS 0 231. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION BP BURIA 24 FUNERAL DIRECTOR LACK FUNERAL HOME MD 2448

AT HOME, STREET, FACTORY, OFFICE FARM ETC 1

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR:

than at made a second of the second of the second IN SP ITS TO THE PARTY OF THE DESCRIPTIONS OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPERT and the second of the second o AND HOUSE STORES OF THE STREET STORE HOUSE SEC. LINES terior track the track Control of the Country Reference of the Country Williams and the Countr the time and all of the transfer and the time and the tim Carlotte Company of State of the State of th

L RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6
low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be (10
has been signed by the attending physicion and campletely filled in by the funeral director, page 3 permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death	

STATE OF MARYLAND

CERTIFICATE OF DEATH	REG. NO.				
LAST	20. DATE OF DEATH MONTH	DAY Y	'E AR	26 HOU	IR
HARSA SR.	JULY 7	198	7		1
5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	TYEAR	IF UNDER	24 HRS
APRIL 25 1920	64 YRS.	MONTHS	DAYS	HOURS	MIN.
COUNTRY? 8.	9 BALTIMORE CITY OR COUNT	Y OF DEA	TH		

3. SEX 4 RACE

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

RETIRED

13e. STREET ADDRESS

126. KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE 130. STATE 13b. COUNTY

GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS?

NO I 15 MOTHER'S MAIDEN NAME 777XI MIDDLE

10. CITY OR TOWN OF DEATH

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT

O. BIRTHPLACE

COUNTRY

mD

4 FATHER'S NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b. SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

(IF YES, GIVE WAR OR DATES) PART I. DE ATH WAS CAUSED BY

STATE OR FOREIGN

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause

IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF 0210119

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90.	DATE	OF	OPE	RATION	

21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [

COUNTY

STATE

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram.

211, LOCATION STREET

22e ADDRESS

CITY OR TOWN and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

saw the deceased alive an. above, (I) (we) (did) (did nat) view the bady after death 226. SIGNATURE

ATTENDING PHYSICIAN [

MEDICAL STAFF DIRECTO

R 🗌	PHYSICIAN 🗌	

22d. PHYSIGHAN'S NAME I very dispersely

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION CITY OR TOWN

22¢ DATE SIGNED

CERTIFICATION

MEDICAL

CONNELLY FYNERAL 300 MACE AUE

236 DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

HELL MEMINED

the burial-transit permit. certificate ATTENDING PHYSICIAN: Heolth o should be detached for us with the State Dept. of Her the hospitol

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1	I. DEC	STATE REGISTRAR CEASED NAME	FIRST VICTORIA	MIDDLEATEXAN	CERTIFICATE OF		REG.	NO.	DAY YEAR	2b. HOUR
9 to 1		OR PRINT)	TORIA		HARSH			7	30 84	1350
0 p	3. SE>		4. RACE	Q .	5. DATE OF BIRTH	VEAR	6. AGE (IN YEARS LAST I		MONTHS DAYS	IF UNDER 24 HRS
TEA DE	7a 811	RTHPLACE (STATE OR EOR		WHAT COUNTRY?	MARRIED NEVE		BALTIMORE CITY			t- "
76	10 CI	OWSON		OH FACILITY OVE TREET	G HOME OR OTHER IN		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Secretar	TION OF WORKING	LIFE) INDUSTRY	BUTINESS OF
filled in	13 _M S	AL RESIDENCE (IF NURSING STATE aryland	HOME OR OTHER INSTITUTION	13: VITY-ORTOW	ADMISSION) River 13d. INSID	CITY LIMITS?	13. STREET ADDRESS	way	21220	
36	19. FA	THER'S NAME FIRST Sa	m Shaluta	LAST	15. MOTHE	R'S MAIDEN NA	Povish		LAST	
Poper medical	160 W	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	235 32 6			arsh, Jr.		802 Sue Balto.,	
he ottending emave coilto emotion, or re- rr troumate en		Canditions, if any, w gove rise to immed cause (a), stating	hich (b)_	THYPEL CO	NCE OF			Ħ		
n please r buriol, cre ry, or athe		underlying cause	ICANT CONDITIONS C			ED TO THE TERM	NINAL DISEASE OR CO	NDITION G	FIVEN IN PART Ita	1
has been signed by the permit. Then please in the prior to buriol, are was any injury, or other	IFICATION	underlying cause	IOST. (C)	ONTRIBUTING TO L			200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	GS USED OF DEATH?
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is has been signe signe signe signe prior. Then p giene prior to bur shows ony injury, o		UNDERLYING COUSE PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTHY MEDICAL WHILE WHILE WHILE AT WORK 220. I certify that (IN. M. SOW the deceased above (IN. We) did 314. SIGNATURE	ICANT CONDITIONS C IN 19b. COND IYING 21b. TIME C HOUR A EXAMINER) P 21e. PLACE (AT HOME. ST Lis hospital) arended the condition of th	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY OF INJURY OF INJURY IREET, FACTORY, OFFICE, F	OPERATION WAS PER AY YEAR 19 21f. LOCA ARM ETC.) DEGREE	FORMED INJURY OCCUR TION EET 19 (our) apinion ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR: CITY OR: death accurred on the	JURY IN ITEM 18	COUNTY 19 Separt 1 ORPART 2) COUNTY 22c. DATE 5	GS USED OF DEATH? NO STATE
is has been signe signe signe signe prior. Then p giene prior to bur shows ony injury, o		Underlying cause PART 2 OTHER SIGNIF 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I). Cause of the deceased obove (I). Well did	ICANT CONDITIONS C IN 19b. COND IYING 21b. TIME C HOUR A EXAMINER) P 21e. PLACE (AT HOME. ST Lis hospital) arended the condition of th	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY OF INJURY OF INJURY IREET, FACTORY, OFFICE, F	OPERATION WAS PER AY YEAR 19 21f. HOW ARM ETC.) 21f. LOCA 518	FORMED INJURY OCCUR TION EET 19 (our) apinion ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR CITY OR ABDICAL ST DIRECTOR PHYS	20b. IF Y IN CERT	COUNTY 19 Separt 1 ORPART 2) COUNTY 22c. DATE 5	GS USED OF DEATH? NO STATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directo should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours as with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

notified of once.

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IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND					
DEPARTMENT OF HEALTH A	ND MENTAL HYGIE	NE			
CEDTIEICATE	OF DEATH				

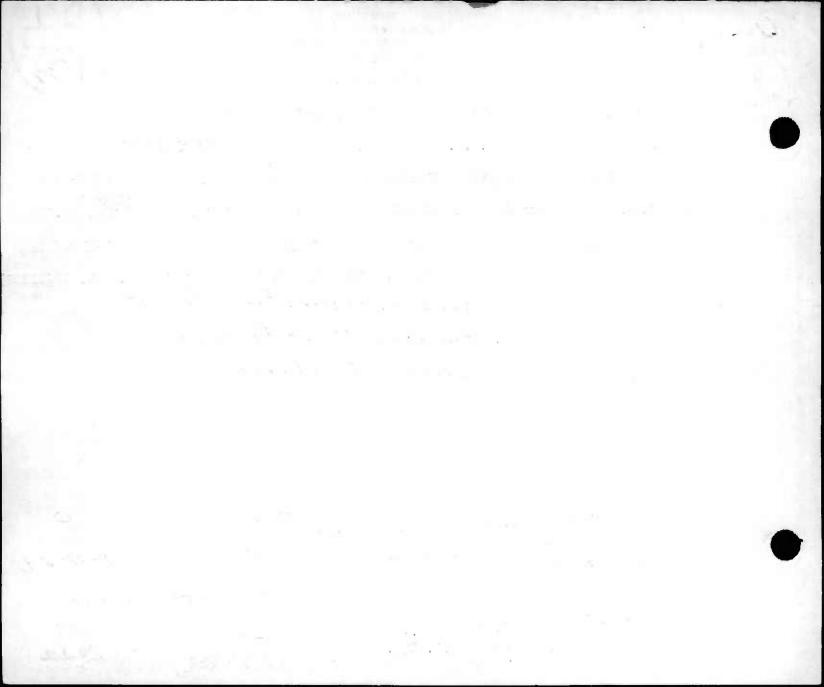
FOR 1 - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	, ,
DECEASED NAME FIRST [TYPE OR PRINT] ELLE/	MIDDLE	Hayral		184 920pm
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	APRIL 27, 1897	87 yrs.	No.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
AUSTRIA	U.S.A.	WIDOWED XX DIVORCED	☐ BALTIMORE COUN	NTY MD.
PIKESVILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PIKESVILLE NU		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOMEMAKER
JSUAL RESIDENCE (IF NURSING HOME O 30. STATE 13b. COU MARYLAND BAL		MORE YES NOX	12 STONEHENGE ((21208) CIRCLE, APT.12
FATHER'S NAME FIRST IGNAZ	MIDDLE LAST WE'T	HS IS. MOTHER'S MAIDE	MIDDLE	UNKNOWN
MAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC		ADDRESS	OHANOIN
(YES NO OR UNKNOWN) (IF YES, GI	120-20	-3106 RALPH HAYN	AL 12 STONEHENGE CI	IR. APT. 12(212
	(c)	-e (ach	TERMINAL DISEASE OR CONDITION GIV	EN IN PART I IO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING.	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTHEY MEDICAL EXAMINE 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive a	pital) attended the deceased from		nian death accurred on the date and hou	19, that (1) we) lost r and from the causes stated
27b. SIGNATURE	15 Can	DEGREE ATTENDI PHYSICI.		226. DATE SIGNED 7-12-54
224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	(1)	
1 Dr. Edwar	d Sherman	18726	Liberty Ed Pla	Aza Mall
BLIR TAIL	23b DATE 23c	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND

BY REGISTRAR 25% REGISTBABLE EIGHATURE
7 1884 Lina Davidson-Randale



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-	60	+

FOR - STATE

REGISTRAR

Female

Maryland

Towson

Maryland 14 FATHER'S NAME

Harry

No

CERTIFICATION

MEDICAL

(YES, NO OR UNKNOWN)

To. BIRTHPLACE (STATE OR FOREIGN

O. CITY OR TOWN OF DEATH

FIRST

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (a), stoting the

underlying cause last.

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

Martin D

Henri Koetter, M. D.

22a 1 certify that (I) (the hospital) attended the deceased from

the deceased alive on _______

Dorothea

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN

Baltimore

W.

LIF YES, GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)

White

USA

76 CITIZEN OF WHAT COUNTRY?

I. DECEASED NAME

TYPE OR PRINTI

3. SEX

STATE OF MARYLAND

5. DATE OF BIRTH

March

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Greater Baltimore Medical C

Ann

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Towson

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

Blondell

166 SOCIAL SECURITY NO

219-44-5343

Prohic

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

July 5, 1984 New Cathedral (

Lawson, 10 W. Padonia Rd. Timonium

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEAT

23c. NAME OF CEMETERY OR CREM

CERTIF	ICATE OF DEATH	REG. NO.				
LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR D		
Heimert		July 2,	1984	3:52 M		
DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
March 8,1905		79 YRS	MONINS DATS	HOURS MIN.		
MADDIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH			
VIDOWED X DIVORCED		Baltimore County, MD.				
HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	Medical Cente			emaking		
MISSION)		13e.STREET ADDRESS / ZIP CO				
	YES NO NO	531 Stevenson		21204		
	15. MOTHER'S MAIDEN NA	ME	LAS	ī		
l	Jenny		Weinin			
IY NO.	17 INFORMANT	ADDRESS	T	owson		
343	Dorothy M.	Heimert, 11 Son	nachan (Ct. 21204		
c1.1				MATE INTERVAL DNSFT AND DEATH		
a	sized &	Herio -				
F 6	cardi	vesculas	dise.	ede		
CE OF						
ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	IVEN IN PART 110	3		
20	is, Lee	eilifer				
PERATIO	N WAS PERFORMED	200 AUTOPS ? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
		/	YES [NO 🗌		
YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 2}			
19	1000					
A. ETC.)	21f LOCATION STREET	CITY OF TOWN	COUNTY	STATE		
, tici	1	7/1	011			
4	19 19 57		19 8 7	that (we) last		
4.0	nd that in (my) (our) opinion	death occurred on the date and h	our and from the	couses stated		
	DEGREE		22c. DATE	SIGNED		
M:	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN				
	220 ADDRESS					
	7600 Osler I	Drive, Towson,	Marylan	d 21204		
ME OF C	EMETERY OR CREMATORY	23d LOCATION	1201 9 2011			
	athedral Cem	CITY OR TOWN	ity 1	Maryland		
w Ca	250 DAI	F RECD. BY REGISTRAR 256. REG	ISTRAR'S SIGNAL	undalla		
		L 5 1984 CJ	And Cappage 1			

medical movol other traum 0 0 ŏ à r use as the burial-transit per Health and Mental Hygiene Hem-18 marked TO FUNERAL DIRECTOR: should be detacl MPORTANT.

BP. (VRA 15, 4)

DHMH - 16 50M 4/83

July 2, 1970 4 3:62	3-10-10-10	-	E - 140 - 1	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	- FOR		DEPARTMENT OF H	EALTH AND MENTAL HYG	IENE 8 4	1 8	1 1 7
η.	REGISTRAR He IC	11		ICATE OF DEATH	REG. NO	0.	
	CEASED NAME FIRST	10	MIDDLE L	AST		MONTH DAY	YEAR 26. HOUR 9
gryps	Hele.	N (C. Hel	m CAMP	7	- 23-	84 8
1. 5E	× -	4 RACE		OF BIRTH	6. AGE LIN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UNDER 24 HR
1	Female	Wh	ite 10	04 98	85	YRS.	DATS HOURS MI
	INTHPLACE (LITATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
Ma	aryland	U.S.A	WIDOWE	DIVORCED	BALT	D. CO	UNTY 1
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE) IN	KIND OF BUSINESS O
	altimore	EAST	POINT WI	IRSING HOME	Housewife	3	
13a.		UNTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21219
	of land	timore	Edgemere	YES NO X	8607 No:	rth Poi	nt Road
F	ATHER'S NAME	MIDDLE	LAST .	FIRST	WIDDIE		LAST
	AMES WAS DECEASED EVER IN U.S.	I.	Dignan 166 SOCIAL SECURITY NO.	Mary 17 INFORMANT	ADDRE	SS	Yaeckel
		GIVE WAR OR DATES)	214-01-2834		pertsch		as 13e
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one couse per	r line fogio), ibijond ig	, , +	. 1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		DIATE CAUSE (o)	Central 10	esperalory:	Darline		furneden
	10.00	DUE TO, O	OR AS AS PROPERTIES OF	1 (#	0 6	1	1011.10
	Conditions, if ony, which		Chronic &	ynshoogue	Leuren	ca	10 years
	couse (a), stoting the		R AS A CONSEQUENCE OF	1		11 = 11	V
	underlying couse lost	(c)		2			
NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN	PART 110
CERTIFICATION	190 DATE OF OPERATION	19b. COND	OITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
I I					YES NO	YES [NO [
	210. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TO	RPART 2)
Z Z	OR CONTRIBUTING CAUSE OF	DEATH	.M. 19				17:3
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	WN C	OUNTY STATE
1	AT WORK NOT WHILE AT WORK						
	220.1 certify that (I) (this h	7 - 7 -	ne deceosed from	-06 19 8 2		<u>- 5 19 8</u>	, that (I) (wa) I
	sow the decear trailive	ner, view the body	After death.	nd that in (my) (port) opinion	death accurred on the de		
	27h SIGNIATURE T	HALL		DEGREE ATTENDING	MEDICAL STA		24. DATE SIGNED
	40 20	we ~	MD	PHYSICIAN	DIRECTOR PHYSIC	IAN []	1-23-8
	274 REPSETAN'S NAME IN	ME CIK PRINT)		22e. ADDRESS			
	MOHN	LITTLE	57an				
23a.	BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COU	NIY STATE
_	Burial		/1984 Baltin		al Baltimo		Maryl
	HAME	a-Ruck,	Inc	11111	TE REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
7	922 Wise Av	enue	Dundalk, MD.	21222	0 003		

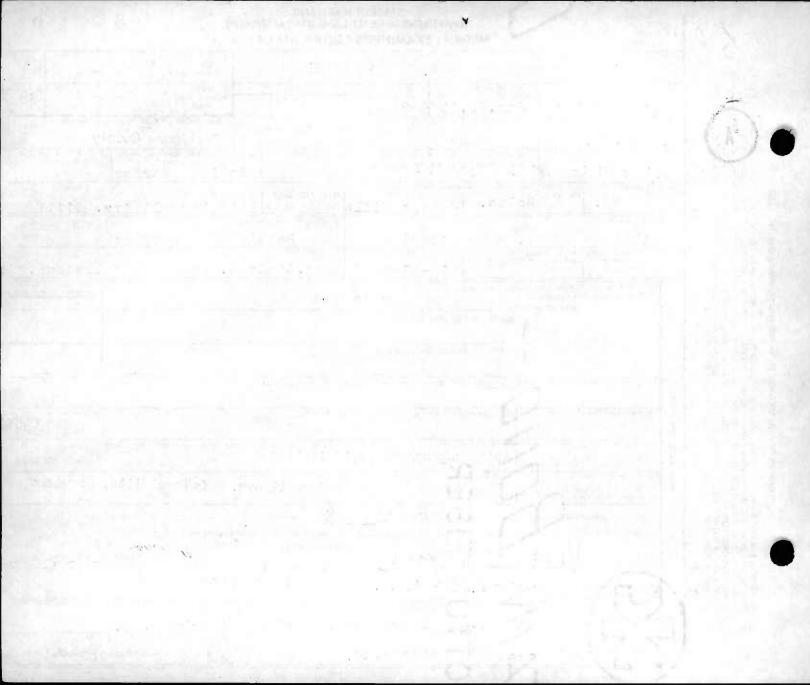
DHMH - 16 50M 4/83 (VRA 15, 4)

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20M 4/82

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S 1;		EASED NAME OR PRINT)	HOWAR[)	W.	HELN	AR I CH		20	OF ESTI	VN XX	монтн 7-26	-84 ₉	26 HOUR
D HOURS N STREET,	3. SEX	le Wh	MC	Jan.30	YEAR LAST BIRTHE	DAY) MONTH		IF UNDER		DATE RONOUNCED DEAD	N	7-26	-84 YEAR	8:105
3 5	B	THPLACE (STATE OR EIGH COUNTRY) alto, Md.			USA	WIDOW		DIVORC	IED 🗆	Baltimore				MD.
	10	Wings Mil	ls '	3314 Ca	PITAL, NURSING HOM PLOTE LIREE ASPRESSION	ue	ER INSTITUT	TION	FOR MO	LOCCUPATION DST OF WORKING LIF tired	FE)		OR INDUSTR	SINESS
KARI RECORDS:	13a. S1	Md.	13b. COUNTY B	alto.	e residence before admiss 13c CITY OR TOWN Owings M			NO []	3314	t ADDRESS	oll	Ave	. 2111	7
300		THER'S NAME FIRST WILLIAM (AS DECEASED EVER	F APAED I		Helmrich			Bes		MIDDLE H	awki	lns	LAST	
PAGES 1 2		s, no, or unknown) N o	(IF YES, GIVE WAR O	OR DATES)	218-01-1 far (a), (b), and (c).				da D	. Pond		anda	llstow	
ET MEDICAL EXAMINES ALONG SED AS A BURIAL - TRANSIT PERM, HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NC	Canditians, if gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN	immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF	OR CONDITION	N GIVEN IN PA	IRT 1 (a);					
ARTMENT OF HEA OR TO BURIEL, C	MEDICAL CERTIFICATION	19a. DATE OF OPER		196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFOR	MED?					AUTOPSY?	
ARTMEN OR TO B	ICAL CER	210 EXTERNAL CAU UNDERLYING A CONTRIBUTING	OR CAUSE OF DEAT		17-26-84 YEA	R set	f/inf			TURE OF INJURY IN 1	TEM 18 PART	T I OR PART 2)	
STATE DEP	MED	21d INJURY OCCUR WHILE NOT AT WORK AT V		STREET FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)	334	M4 Car	roll	Ave.	сп vo0wi ng	gs Mi	I L Goy	Maryla	andrate
TO FUNERAL DIRECTOR: N AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural co	nte A	Korell, M.	ш <u>сідо. [^</u>], м. D .	Hamic TITLE (SI	istan	Undeter	Inquiry , mined manner ALEXAMINER	□.	DATE SIGNED	-27-84	
PAP 10	{5	rial, cremation, f ecify) Bu rial		ATE ly 31,	23c NAME OF CE 84 Ever					inksbu	rg,N	county		ATE
AH - 17 15 ME (5))		neral director pame ine Fune	ral Ho	me Rei	sterstown	ı,Md.		250 DATE		EGISTRAR 256	9.		Pandete.	7



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo

by the offending physicion

injury, or other troumotic event,

MPORTANT: If them 21 is marked as should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR. sed by the hospital

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	REGISTRAR			AIL OI DEAIL	REG. NO.	
8	DECEASED NAME FIRST	MIDDLE	HE,	PBURN	20 DATE OF DEATH MONTH	25 84 12 35 M
1	Famala	ARACE White	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
5	To. BIRTHPLACE (STATE OR FOREIGN COMPTRY) COMPTRY COMPT	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN	
1	Rossville	11. NAME OF HOSPITAL, NURSIN	G HOME OR		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAREL	126. KIND OF BUSINESS OR
	130 STATE Dat COUN	Differ institution give residence before ITY Arundel asaden	a	Id. INSIDE CITY LIMITS?	13e STREET ADDRESS 7740 Cagewood	Avenue 21122
	Charles	Bradley Bradley	12	Carrie	MIDDLE	Fontz
	160 WAS DECEASED EVER IN U.S. ARI (YES, NO 990 HKNOWN) (IF YES, GIVI	E WAR OR DATES!		Mr. Robert E	. Hepburn 8925	Philadelphia Rd.
× 1	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE COUNTY OF THE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	CONIC		20a AUTOPSY? 20b. IF	GIVEN IN PART I (a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK 220.1 certify the (1) this hosp: sow the deceased alige on	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F tal) attended the deceased from 19 11) view the bady alter death.	AY YEAR 19 ARM. ETC.) ARM. ETC.) DE	that in (my) our) opinion GREE ATTENDING	RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and I MEDICAL STAFF DERECTOR PHYSICIAN	COUNTY STATE , 19 7, tho (II)(we) lost
	230. BURIAL CREMATION, RÉMOVAL (SPECBURIAL) 24. FUNERAL DIRECTOR MC M. MAME 7 7 1 1 N	7/28/84 91 Cully Funeral Ho	en Hav	RETERY OR CREMAJORY en Mem. Park Pasadend 250 DA	3.000	Anne Apporting
	buntain & lick #	eck Krds. 'asade	na, Md.	21122 AUA	4UU XI 1904 ()	The set of

DHMH - 16 50M 4/82 (VRA 15, 4)

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The strike same standers	not abergano	12/84 John	Luda T
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If hem 21 is morked on term 18 shews ony

BP. DHMH - 16 50M 4/83

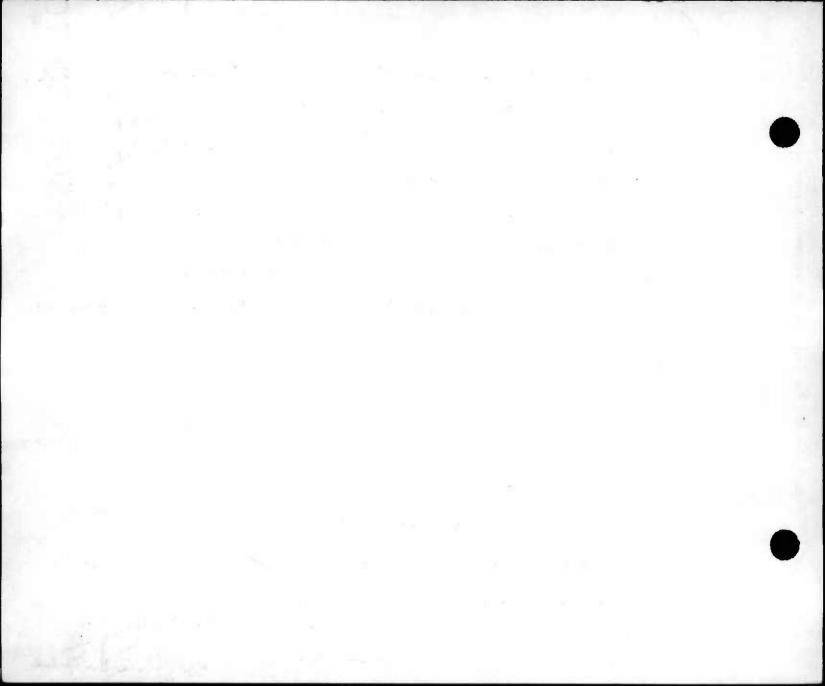
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FG. NO.				

1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	0 1 1 4
	CEASED NAME FIRST CATHE		HINCHLIFFE	LAST	July 25, 1984	DAY YEAR 26 HOUR 815A-M
3.5E	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
1	female	white	Oct.	TH 21, PAY 1897 AR	86 _{YRS.}	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	ED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
1 49~0	Penna.	USA	WIDOV	VED DIVORCED	Balto. County	MD.
	ITY OR TOWN OF DEATH Timonium	(IF NOT IN SUC	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS) OURN COURT	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L at home	126. KIND OF BUSINESS OR INDUSTRY
ÜSU	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION			
	Maryland B	alto.	13c. CITY OR TOWN	YES NO TX	13e.STREET ADDRESS / ZIP COD	Road 21236
	THER'S NAME			IS MOTHER'S MAIDEN N	AME	
	John Cavanaus	middle Th	LAST	Ellen K	ellv MIDDLE	LAST
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213 74 6603	fai	mily records	
	18. CAUSE OF DEATH (Enter of	inly one couse per		4.	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	Meta States	Malignan	Melanoma	Comontas
	IMMEDIA		R AS A CONSEQUENCE OF	7.		
	Conditions, if ony, which	(1b)_	K AS A CONSCOULACT OF			
	gove rise to immediate couse (a), stating the)	R AS A CONSEQUENCE OF			
	underlying cause last	(c)	K AS A CONSCOUNCE OF			
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART TIO
O						
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DAY YEA		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DI	AIH				
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME ST	REEL, PACTORY OFFICE, PARM ETC.)	JINEE,	1	adra.
	22a certify that (I) (this hosp		e deceosed from	May 19 75	t to duly Us	19 /98 / that (1) (we) lost
	sow the deceased alive a above, (1) (me) (did) (did)	ot) view the body	ofter death.	and that In (my) (our) opinion	n death occurred on the date and ha	ui and from the causes stated
	Th SIGNATURE	01/		DEGREE		22c. DATE SIGNED
	Scale	Clas	wel 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/26/84
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS		
	Leon E. Kasse	1. M.D.		2435 W. Be	elvedere Avenue	
	BURIAL, CREMATION, REMOVA	L 23b. DATE		CEMETERY OR CREMATORY		COUNTY STATE
	burial	7/28/	84 Morela	and Mem. Par		•
24 F	UNERAL DIRECTOR		ADDRESS		ATE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
	Evans Chapel	of Memo	ories 8800 Ha	arford Rd	1111 9 17 4001 91.	Killy Bules
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FUNERAL DIRECTOR

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CERTIFICATION

MEDICAL

STATE OF MARYLAND - STATE

	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE O	REG. NO	,	0	1	1		
E	HIRRY	JUI		198	34	YEAR	26 HOU 11:		I
	5. DATE OF BIRTH	6. AGE (IN	YEARS LAST BIRTH	DAY	IF UNDE	RIYEAR	IF UNDER	24 HRS	_
	NOV. 11°, 1900°	8	83	1,00	MONIHS	DAYS	HOURS	MIN.	

WHITE FEMALE 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

4 RACE

MARRIED NEVER MARRIED RUSSIA USA

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ID CITY OR TOWN OF DEATH PIKESVILLE 4525 TAPSCOTT RD. 21208)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 3628 FORDS LANE, APT. E (21215) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE NO [15. MOTHER'S MAIDEN NAME

MARYLAND 14. FATHER'S NAME BABKOFF MIDDLE JULIUS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

190 DATE OF OPERATION

FIRST

SONIA

REGISTRAR

DECEASED NAME

3. SEX

130 STATE

166 SOCIAL SECURITY NO 217-40-6955

17 INFORMANT

(21208) MRS. GOLDIE SCHWARTZ 4525 TAPSCOTT RD.

MIDDLE

ADDRESS

HOUSEWIFE

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

126. KIND OF BUSINESS OR

HOMEMAKER

COHEN

NO 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY MONTHS IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1ϖ

MARY

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER 21d INJURY OCCURRED

YEAR 21e PLACE OF INJURY

211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

NOX

CITY OF TOWN

STAFF

NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from

7/15/84

STREET

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

saw the deceased afive on above, (I) (we) (did) (did not receive the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED 226 SIGNATURE DEGREE

22e ADDRESS

ATTENDING

23a, BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY SHAAREI ZION CEM

ROSEDALE, BALTO., MD.

7/13/84

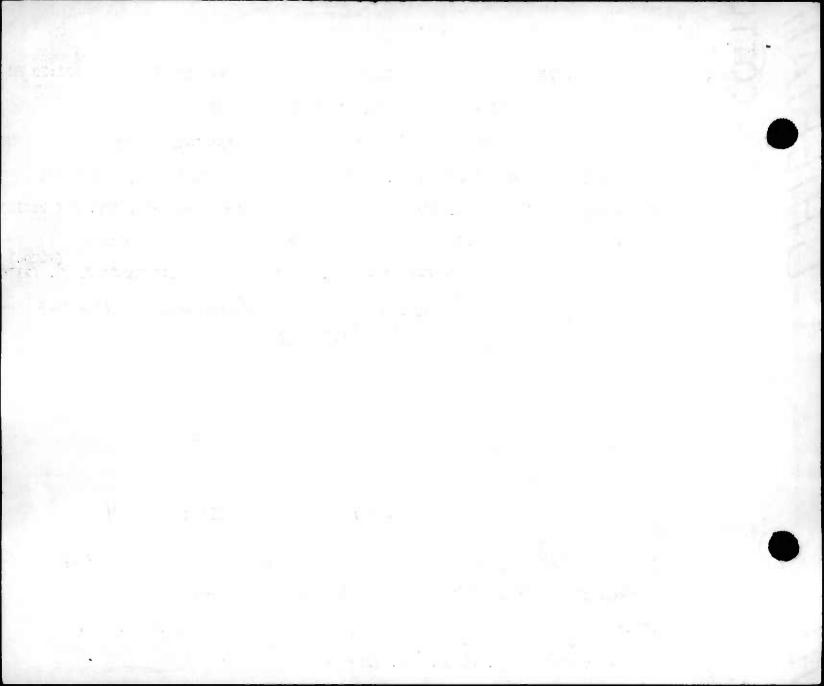
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STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. (21215)



10

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 18120

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST	26 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
(TYPE OR PRINT) MARI	E THERESA	HOCHREIN	7-20	-84 11:45P
3. SEX	4. RACE	5. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS
Female	White	June 11, 1906	78 YRS M	ONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	U.S.A.	WIDOWEDXX DIVORCED	Poltimomo M C	ounty M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	17h KIND OF BUSINESS OF
Towson	Manor Care Ru		Homemaker	III DOSINI
USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE B		13e STREET ADDRESS / ZIP CODE	
Maryland	Balti		3336 Cardena	s Ave 21213
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
John	Birn	er Theresa		Stengle
160 WAS DECEASED EVER IN U.S.	CIVE WAR OR DATEST	SECURITY NO. 17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES.	212-03	-8211 D.J.Hochrein	n Sr. 413 Cedarcro	ft Road 21212
PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
TIFIC			YES NO YES	ING CAUSES OF DEATH
0.0000000000000000000000000000000000000	DEATH HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
ON CONTRIBUTING CASE OF CHEEN MITTER TO THE CONTRIBUTION OF COURRED WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FIGE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
sow the deceosed olive	spital) attended the deceased from		on death occurred on the date and hour	9, that (I) (we) lo
77h SIGNATURE	guoda	DEGREE ATTENDING PHYSICIAN		7/23 8
224. PHYSICIAN'S NAME (11)	1	27e. ADDRESS		1
Vuong Vu	Nguyen	6331 Belai	r Road	
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	Y 234 LOCATION	COUNTY STATE
Burial	7-24-84	Most Holy Rddeemer	Baltimore	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbanpa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remay

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

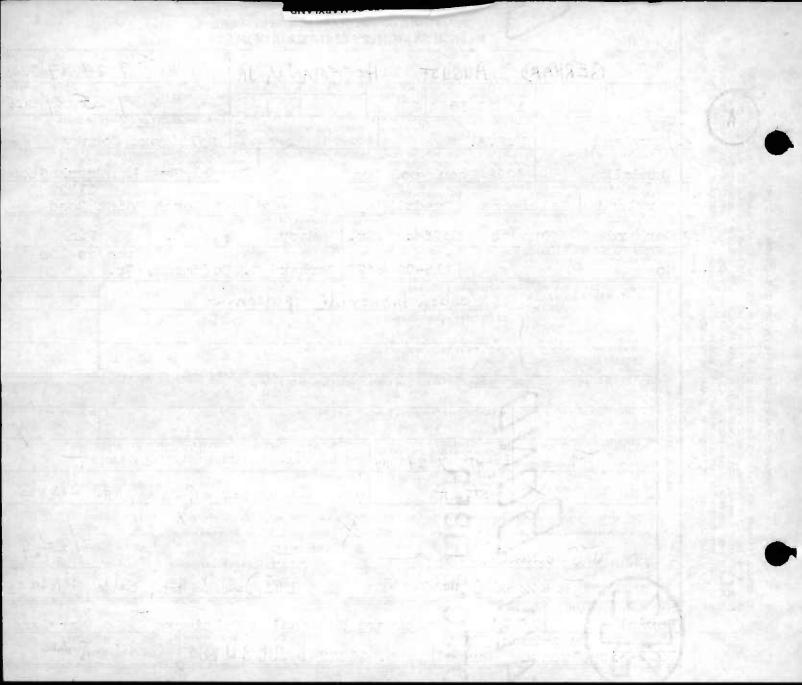
74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home 6500 York Road 21212

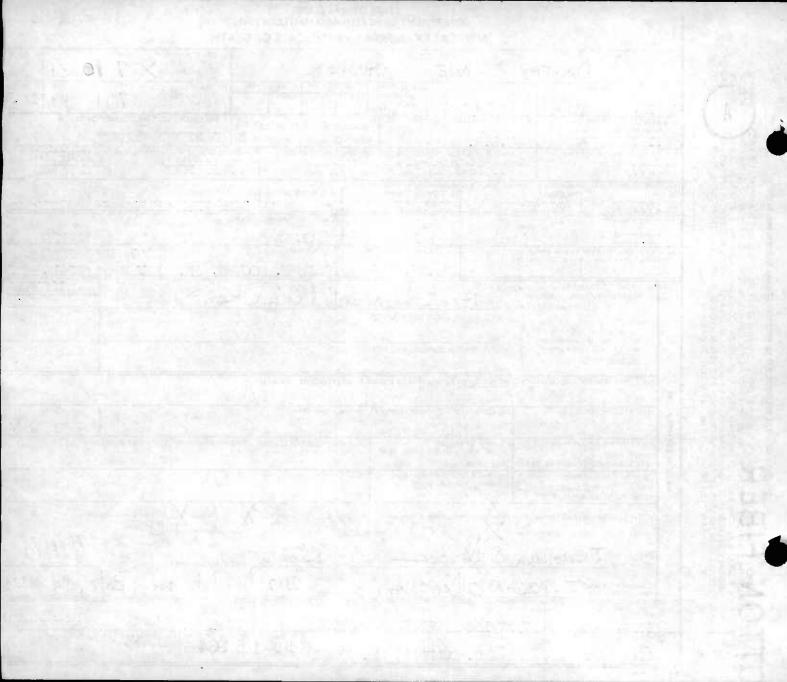
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REGISTRAR 256. REGISTRAR'S SIGNATURE MANAGEMENT AND SIGNATURE OF THE PROPERTY OF THE PROPERTY

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1)	3.567	Female	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR Mar. 8, 1896	6 AGE (IN YEARS LAST BIRTHDAY) 88 YRS	IF UNDER TYEAR IF I
35	16	Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.		9 BALTIMORE CITY OR COUNTY	OF DEATH
90	10. CI	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT HOUSEWIFE	176. KIND OF SU INDUSTRY
35	13a. S	AL RESIDENCE (IF NURSING TOME OF TATE Mary Land THER S NAME	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c, CITY OR TO Ba7t	ORE ADMISSION)	4918 Arabia Ave	e 21214
黎 20		FIRST John VAS DECEASED EVER IN U.S. AI	Sang RMED FORCES? 166 SOCIAL SE	Tight F	erine Kirchner	LAST
Z			IVE WAR OR DATES)		net Marshall 604 St	t Dunstai
or ather troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF	SAUNA DISTASS OR CONSTRUCTION	EN PLOADING
ony injury, or ather	ICATION	gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO	DUENCE OF		EN IN PART TO
18 shows ony injury, or ather	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH ALL TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 21c. HOW INJURY OCC	20a AUTOPSY? 20b. IF YES	o, WERE FINDINGS YING CAUSES OF S
vs ony injury, or ather	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH ALL TIME OF INJURY HOUR A.M. MONTH	OUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	200 AUTOPSY? 20b. IF YES IN CERTIF	o, WERE FINDINGS YING CAUSES OF S
Item 18 shows ony injury, or ather		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER NOTIFY MEDICAL EXAMINE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hosp saw the deceased alive or	DUE TO, OR AS A CONSECTION. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	DUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	200 AUTOPSY? 200. IF YES IN CERTIFYES NO WITH NEW 18 P	COUNTY
them 21 is morked or them 18 shows ony injury, or ather		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER NOTIFY MEDICAL EXAMINE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hosp saw the deceased alive or	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITION FOR WHICE CONDITION CONTRIBUTION CONDITION CO	DUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	200 AUTOPSY? 200. IF YES IN CERTIFYES NO STAFF	COUNTY
item 21 is marked ar Item 18 shows any injury, or ather		gove rise to immediate cause (or. stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE LITTER WEDICAL EXAMINE 214. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINE 214. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINE 220.1 certify that (1) (this hosp saw the deceased alive on obove. (1) (we) (did) (did in	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO STATE OF INJURY HOUR A.M. MONTH P.M. 21b. TIME OF INJURY (AI HOME STREET, FACTORY, OFFICE OF INJURY (AI HOME STREET, FACTORY, OFFICE OFFICE OFFICE OFFICE OFFI	DUENCE OF O DEATH BUT NOT RELATED TO THE TE CH OPERATION WAS PERFORMED 21c. HOW INJURY OCC DAY YEAR 19 21l. LOCATION STREET 19 21l. LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 200. IF YES IN CERTIFYES NO STAFF	COUNTY NERE FINDINGS YING CAUSES OF S ART 1 OR PART ?) COUNTY

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injury, or other troumotic event, th

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IMPORTANT: If hem 21 is

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TENDING PHYSICIAN: The lo

TO HOSPITAL

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		EASED	N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

July 13,	1984	YEAR	26 HOL	
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS
77 YRS.	MONTHS	DAYS	HOURS	MIN

	CEASED NAME	FIRST		AIDDLE		AST CD	20. DATE OF		HTMOM		YEAR	26 HOUR
	AI	LVEY	HA	RP	HC	DRINE, SR.	Ji	uly	13,	1984		100 AL N
3. SE		4	RACE		5. DATE C		6 AGE (IN YEA	ARS LAST BIR	THDAY)	IF UNDE	_	IF UNDER 24 HRS
	Male	100	White	2	Septe	ember 3,1906	77		YRS	MONTHS	DAYS	HOURS MIN
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMOR	RE CITY			ATH	
	aryland		U.S.A.		WIDOWE		D-74	imor	e Co	unty		MD
10 CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL O				KIND O USTRY	F BUSINESS OR
(Catonsvill	e	Shady	Nook Nu	rsing	Home	Sales		or working			Brokerag
	AL RESIDENCE (# NUR	SING HOME OF O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET A	DDBESS				
	arvland	Baltir		13t. CITT OK TOW		YES NO			och I	22760	RIT	rd. 2123
	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN N						
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16a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDR	ESS mined	er.		21157
	res, no or unknown)	(IF YES, GIVE W		220-05-3	360	Alvey H. Ho					ESCHALL O	
	18 CAUSE OF DEAT	H (Enter poly			1	1 1/		- /				MATE INTERVAL
	PART I. DE ATH V	VAS CAUSED	BY:		ong.	25true H20	1/1/3	1/4	182		1	981
		IMMEDIATE		A	0	- 11 1	Uni	1.	/			
	Conditions, if ony	which	DUE TO, OF	R AS A CONSECUTE	HCPOL (- 12 417	1750	YOM.	nel	11/2		1983
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	underlying cause		DUE TO, OF	RAS A CONSEQUE	Acto!	homa 411	Ward /	0/5	dde		/	1982
	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	ORCON	IDITION (SIVEN IN E	PART 10	01
No.									1			
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOI	PSY?				4GS USED
TEK							YES 🗆	NO	INCER	YES [AUSES	OF DEATH?
E	210. ACCIDENT WAS UN	DERLYING	216. TIME O		VEAR	21c HOW INJURY OCCU	JRRED (ENTER NATE	URE OF INJU	JRY IN ITEM 1	B, PART 1 OR	PART 2)	
A	OR CONTRIBUTING		HOUR A.	M. MONTH DA	19	ST POST ST						
MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION STREET		CITY OR TO	NAME I	COU	» IPW	STATE
X	WHILE NOT W	HILE CORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	1000		CITORIO	-/	- /5	. /	SIAIE
	220 I certify that (I)) (r	is attended the	a deceased from	DATE	1/00/19	, to		7/1	2/0	1	that (I) (we) last
	saw the decease		7/3/7	other death	or or	ed that in (my) (***) opinio	n death occurred	on the c	lote and h	our and fr	om the	couses stated
	22% SIGNATURE	KV	1	14	1. 8	DEGREE	/	133	-0.1	22	DATE	SIGNED,

77e ADDRESS

William E. McGrath, M.D.

1303 Frederick Road

236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 24 FUNERAL DIRECTOR

23b. DATE 7-16-84 23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Methodist 25a. DATE REC'D.

23d. LOCATION Myersville

COUNTY

ADDRESS1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

Maryland BY REGISTRAR 756. REGISTRAL'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health or etoined by the hospitol or

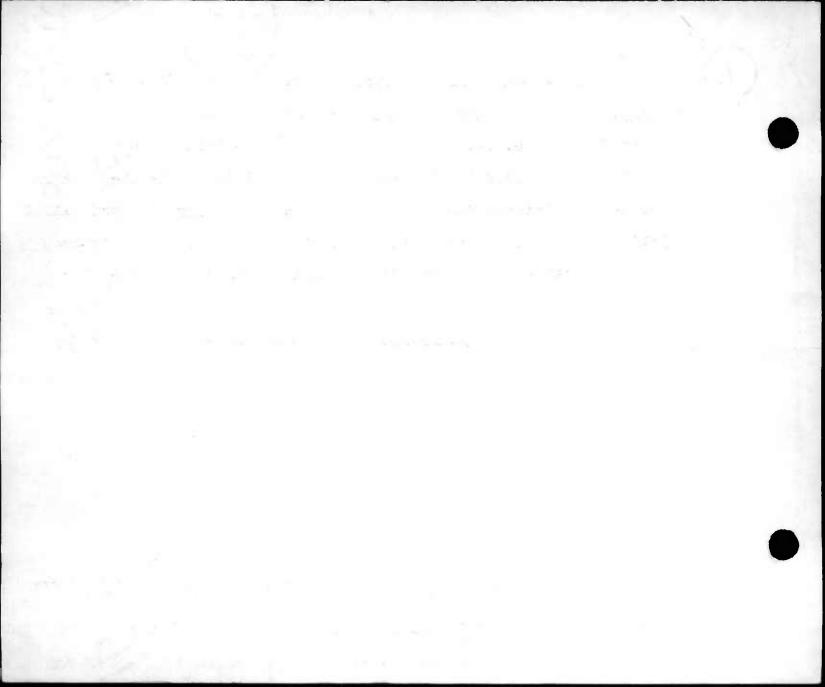
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DHMH - 16 50M 4/83 (VRA 15, 4) FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 1

		REGISTRAR			CENTII	ICATE OF DEA	4111	REG. N	0		
		EASED NAME	FIRST	MIDDLE	L	AST.		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	17109	CH PRINTS	ILLIAI	- C-	4	050	Jr.		7 11	24	2550
	1.56)		4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BE		UNDER TYEAR	F UNDER 24 HRS
	2	MALE		U.Ta	MONTH	DAY	YEAR	22		VIHS DAYS	HOURS MIN.
y	7a. BII	RTHPLACE (STATE OR FOR	REIGN 76 CITI	ZEN OF WHAT COL	INTRY? 8	7	6/	9 BALTIMORE CITY C	YRS.	FDEATH	
7		ryland	11	.S.A.	WIDOWE	D NEVER MAI		Baltimo	ro Co	inti	***
5		TY OR TOWN OF DEATI		ME OF HOSPITAL				12a USUAL OCCUPAT			MD. OF BUSINESS OR
	Din	ndalk		or in such facility, Given	tin Roa	a		(TYPE OF WORK FOR MOST			
Z	USUA	AL RESIDENCE (IF NURSING		~		u	<u>µ</u>	Military-	DISab	rea v	eteran
2			Baltimo	13c. CITY C		13d. INSIDE CITY	1.6	13e.STREET ADDRESS		D = = 3	21222
-	_	THER'S NAME	Darcin	ore Dund	Idik	YES NOTHER'S M	O X	1952 Que	entin	Road	21222
Z		lliam	MIDDLE		AST	FIRS	T	MIDDLE		LAS	
/		VAS DECEASED EVER IN	C.		L SECURITY NO.	She:		J.	ec.	Sirb	ough
	17		1979-1	DATES				10.74			
	Ye	S	19/9-1	982 217-	86-2196	Vincer	it Be.	lcastro	Same		.3e
		18 CAUSE OF DEATH PART I. DEATH WAS	Enter anly and c	ause per line far (a),		n ,				BETWEEN	MATE INTERVAL ONSET AND DEATH
	ш		MEDIATE CAUS	E (a) CAR	010	LASON	MRY	PRRE	50	-5	in w.
			DU	IE TO, OR AS A CON	SEQUENCE OF						
		Canditions, if any, v		(b) kg	ETASTI	TIC	SAR	comn			us.
		gave rise to imme couse (a), stating		E TO, OR AS A CON	NSEQUENCE OF						8
		underlying cause	last	(c)							
		PART 2 OTHER SIGNI	FICANT CONDIT	IONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
	NO.										
7	13	190. DATE OF OPERATIO	ON 196	CONDITION FOR	WHICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	206 IF YES, V	VERE FINDIN	NGS USED
	Ē							YES NOT	YES [OF DEATH?
ï	CERTIFICATION	21a. ACCIDENT WAS UNDER		TIME OF INJURY		21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PARI	I OR PART 2)	
		OR CONTRIBUTING CAL	OSE OF DEATH	OUR A.M. MON' P.M.	TH DAY YEAR						
	MEDICAL	21d INJURY OCCURRE	D 21e	PLACE OF INJURY		21f LOCATION					
	×	ORK NOT WHILE	(AT	HOME STREET FACTORY	OFFICE FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (t	his hospital) atte	anded the deceased	leam		19	to	. 19		that (I) (we) last
		saw the deceased	alive an		_19 or			eoth occurred an the d			
		abave, (1) (we) (dia 22h SIGNATURE	d) (did not view t	he bady alter deoth	,	DEGREE				22c DATE	
		MA.	Na.	OT -		ATT	ENDING _	MEDICAL STA		THE DATE	3101120
_		22d. PHYSICIAN'S NAM	AE LIVES OF BRIDE	7		PHY 122e ADDRESS	SICIAN [DIRECTOR PHYSIC	TIAN	1	
		M 1	at /	A1-18	extim	THE ADDRESS	Bald	the VA	394	mo	21218.
	23a B	URIAL, CREMATION, RE	MOVAL 23b [DATE	23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION			
		urial	7/	/14/1984	Sacred	emetery or cre N Heart	ofy	CITY OR TOWN	ltimo	Ce	Marvland
	24. FL	INERAL DIRECTOR DI						REC'D. BY REGISTRAR	25b. REGISTRA		
	79	22 Wise A	venue	DundaÎ	k, MD.	21222	JUL	1 6 1984	Telia Nais	Jana 10	hada 00



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

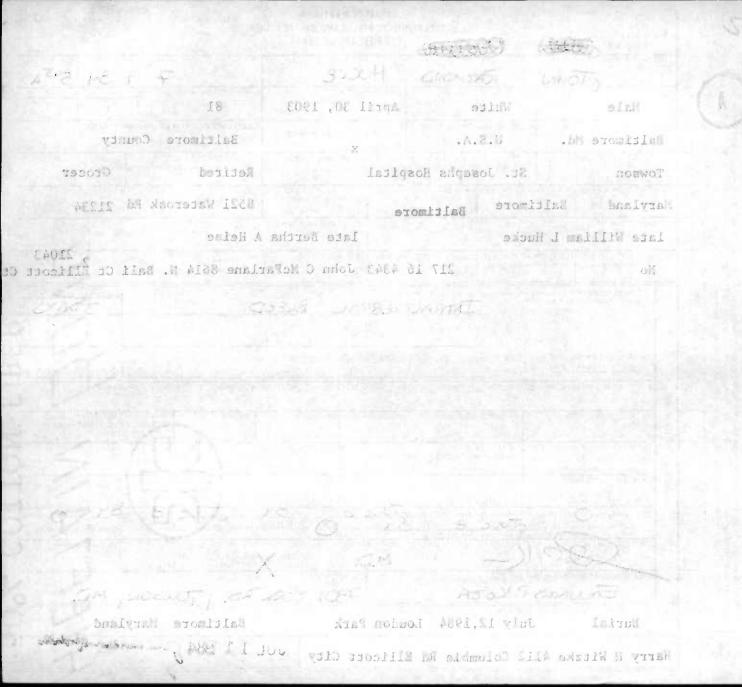
	(TYPE	CEASED NAME	5HN	W	ASHOND	H	UCKE 3	20 DATE OF DEATH MONTH	9 84	5°
	3 SE	Male		4 RACE Whit	e	April	L1 30°, 1903	6 AGE (IN YEARS LAST BIRTHDAY)		HOU!
6		RTHPLACE (STATE OF			what country?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO		
9	T	OWSON		St. Jo	sephs Hos	pita]	OR OTHER INSTITUTION	120 USUAL OCCUPATION	KING LIFE) 126 KIND OF B	
约	Ma	AL RESIDENCE HE NUR		other institution NTY LIMOTE	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO	8521 Wateroal	k Rd 21234	
		ate Willi	am L H	ľucke	LAST		15. MOTHER'S MAIDEN NA		LAST	
1	16a V	NO OR UNKNOWN)		MED FORCES?	217 16	-	John C McFa	rlane 8614 N.	Bali Ct El	21 11
		couse (a) state	mediate	3						
		PART 2 OTHER SIG	ng the e last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
7	IFICATION	underlying caus	ng the e lost.	(c)	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	F DE
7	CAL CERTIFICATION	PART 2 OTHER SIG	TION ATION ADERLYING CAUSE OF DEA	(c) CONDITIONS CONDITI	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES	S U
7	MEDICAL CERTIFICATION	PART 2 OTHER SIG	TION ATION ATION ATION CAUSE OF DEAL STAMMER RED THILE	19b. COND 19b. COND 19b. TIME C HOUR A. 1) P. 21e PLACE	ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES	F DE
77	-	PART 2 OTHER SIG	TION ATION ATI	19b. CONDITIONS CONDIT	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, FACTORY, OFF	OPERATIO AY YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURI	200 AUTOPSY? 200. IN C	IF YES, WERE FINDING: CERTIFYING CAUSES OF YES	F DE NO
7	-	PART 2 OTHER SIG	INTERPRETATION ATTION ATTION	19b. CONDITIONS CONDIT	ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, FACTORY, OFF	OPERATION AY YEAR 19 ARM, ETC.)	211. LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET DEGREE	200 AUTOPSY? 20b. IN C YES NO TO THE NATURE OF INJURY IN ITE CITY OF TOWN	IF YES, WERE FINDING: CERTIFYING CAUSES OF YES EM 18 PART 1 OR PART 2) COUNTY COUNTY 19 3 , tho d hour and from the cau	F DI NC

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etained by the hospital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia ADDRESS Ellicott City



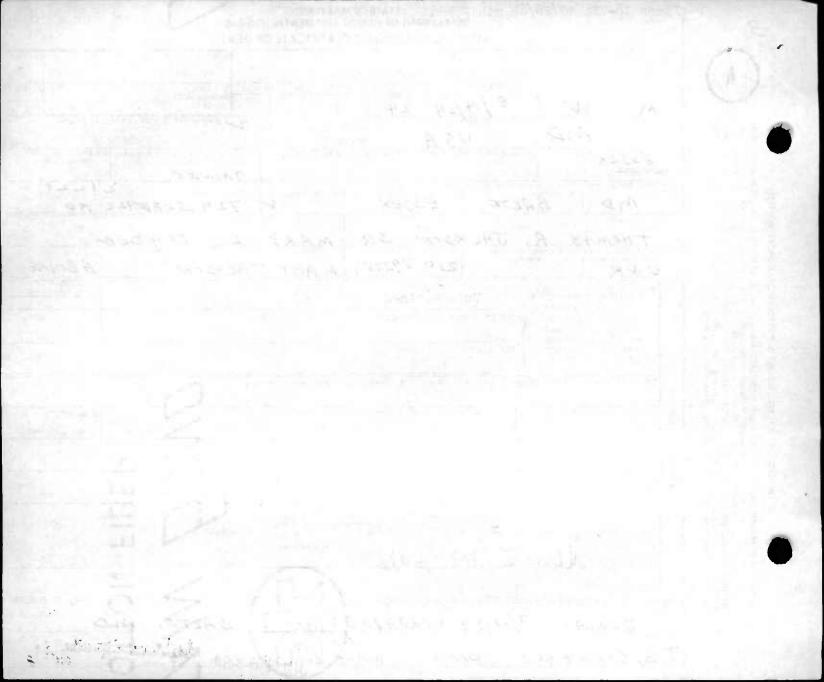
STATE OF MARYLAND

ARBUTUS

MARYLAND BALTIMORE ALL

E. HURLEY

223-03-7055



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illegan by the travellation of the complete of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 22 hours at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSE TAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be execute

IN PORTANT; If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examination

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O.			
1		EASED NAME A / K	/'A' Ma	rgaret'	"Carol Je	ndrek	AST	20. DATE OF DEATH	MONTH DAY	YE AR	2h HOUR	_
1	TIPE	Car Car		. 941.00	D		ndret		7 19	84	6.50	LM
1	3. SEX			RACE		5. DATE C		6. AGE IN YEARS LAST BE	RTHDAY) IF U	NDER I YEAR	IF UNDER 24 HR	
		Female		W,	white	MONTH 7	28 16	67	YRS		HOURS MIN	
		RTHPLACE ISTATE OR FO	DREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF	DEATH		
į	P	ennsylvani		u.	SH.	WIDOWE	D DIVORCED	Dalto	. Cour			MD.
Ş		3 a 1 timor			H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	NDUSTRY	OF BUSINESS O	R
4		L RESIDENCE IN NURSIN		THER INSTITUTION.	JOSEPF GIVE RESIDENCE BEFOR	E ADMISSION)	spital			Educa		_
)	13a. S	md.	13b. COUNT	6 4	13c Oly artipy	XXX	13d. INSIDE CITY LIMITS?	4507 F	ZIPCODE		236 70e.	
1	14. FA	THER'S NAME	AA.	IDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ST.	
1		Sylvester	Α.	Donegar	1		Cather	ine M. Dwye				
	16a W	VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	AĎDR	Daiti			
		No			158-07-4	672	Eugene F. Jer	ndrek 4507	Fullert			
		IN CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per	line for 10), (b), ar	nd (c),)	B			BETWEEN	MATE INTERVAL ONSET AND DEATH	н
	200	TAKI I. DEATH WA	IMMEDIATE	CAUSE (a)		sur.	CR				A	_
				DUE TO, O	R AS A CONSEQU	ENCE OF	0.	1 +			Dans	
	3.1	Canditions, if any,		(b)	C	erelin	vascula, acc	ident)			- congr	_
		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQU	ENCE OF .	+= 1 14	L to On	A 0	A		
H		PART 2 OTHER SIGN	IEICANIT CO	(c)	ONITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	IDITION GIVEN	INI DADT 1	~	=
	20	PART 2 OTTER SIGN	II ICAINI CC	51451116143 <u>CC</u>	NATE DO THAT TO	DEATH BOT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	DINOIVOIVEIV	11 AK1 11		
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, W			
	TIF							YES NO NO	YES [NO []	
		21a. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I	OR PART 2)		
Я	CAL	(IF EITHER, NOTIFY MEDIC		Р.		19						3
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC 1	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	~	WHILE NOT WHI	K .			LACE					76	
		22s. F certify that (I)		al) attended th				, to	19_		that (II (we) lo	ost
		saw the decease above, (I) (we) (d	d alive an id) (did not)	view the bady	after death		nd that in (my) (aur) opinian o	death occurred on the d	ote and hour on			
		27h. SIGNATURE	- DA	lie			DEGREE ATTENDING	/MEDICAL STA	FF	22c. DATE	19 94	1
		224 PHYSICIAN'S NA	9 11	001		-	PHYSICIAN 2	DIRECTOR PHYSI	CIAN	1/	1101	
	22 0			t, M.D.		NAME OF C		h Hospital	Towso	n. Md		_
	230. B	BURIAL, CREMATION, F SPECIFY) Burial	CEMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		YIMUC	STATE	
	24. FL		-	July 2	1,1304 6	athed	ral Cemetery	Raltim E REC'D. BY REGISTRAN		SIGNA	d NORE	
		INERAL DIRECTOR PO	Funera	al Homes,	Inc. ADDRESS		Belair Road	1 20 1984	gina de	Mddon	Mandall	
						Haltime	re Md	_				

Baltimore

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Trand 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DEP		CATE OF DEATH	REG. NO		
	CEASED NAME FIRST	ie	To!	hnson	7-a	7-84 YEAR	26 HOUR
3. SE	Female	RACE White	DATE O	FBIRTH DAY YEAR 15 14	6. AGE LINYEARS LAST BIR	YRS.	
	IRTHPLACE (STATE OR FOREIGN) COUNTRY) Michigan	16. CITIZEN OF WHAT COUN	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	18. do
11	Balt	11. NAME OF HOSPITAL, N	DOOK	333 Hailem	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER)		
5 13a S	AL RESIDENCE (IF NURSING HOME OR CATALON AND AND AND AND AND AND AND AND AND AN		E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET 3000 SSS	HANLENA	w 212
Z IA FA	ATHER'S NAME FIRST Laurance	AIDDLE) LA	ory	15 MOTHER'S MAIDEN, NAME FIRST	MIDDLE	Sto	LAST
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL 200-	05-0469	Earl M. John	Catons nson, 1512	ville, Md., Rolling Rd.	
	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION		(b), and (c).)	PATAYL		APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEAT
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON	CLIMBE OF THE OFFI	vsilium	INAL DISEASE OF COL	DITION CIVEN IN DARY	lia
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V			200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
12	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE		RY IN ITEM 18 PART 1 OR PART 2	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (ATHOME STREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET		WAN COUNTY	STATE
	22a. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not	1044	_19_0/on	d that in (my) (our) apinion	deoth occurred on the d		
	27b. SIGNATURE	une On	n m	ATTENDING PHYSICIAN	MEDICAL STA	FF	7/27/19
	22d. PHYSICIAN'S MAME (TYPE OF)Ay S		901B	ALT MA	+ Pice E	(.Md
	BURIAL, CREMATION, REMOVAL (SPECIFY)	30 July 8)		emetery of crematory r Mem. Garden			state aryland
	uneral director arring Funeral 1	Home, P.A., Abe	erdeen, MD	A 44.0	1 1984 Jul	25b. REGISTRAR'S SIGN	ATURE

DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

retained by the hospital or attending physician.

Dimit Con Land business from the last and the control of the contr

12	1.	FÖR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARTLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8		8 !	3
(B)		CEASED NAME FIRST FRANC	IS A		ORDAN		MONTH DAY	YEAR 04 84	26 HOUR 5:30
ge 4 may ector, pe	3. SE	MALE	4 RACE	5 DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRT	MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oth. Po		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W 76 CITIZEN OF WHAT COUNTR U.S.A.	Y? 8 MARRIE WIDOWI	DE NEVERMARRIED	9 BALTIMORE CITY OF			
by the functiled within	10. CI	OWSON, MD.	11. NAME OF HOSPITAL, NURS			12a USUAŁ OCCUPATIO (TYPE OF WORK FOR MOST OF			F BUSINESS OF
within 24 hours of letely filled in by t d 2 should be filled implessoryst be goot	130 S Pe	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Ennsylvania	NTY Philad	WN			zip code	. 19	124
with with	14. FA	Timothy	Jorda	n	15. MOTHER'S MAIDEN NA	WE	_	I AS1	Ţ
Poges 1 on medical exception	()	vas deceased ever in u.s. ar (es. no grunknown) (16 yes, Giv Jnknown	MED FORCES? 16b SOCIAL SE		Burns F/H	ADDRE: 1428 E. Co			
ertificate ing physics ban paper serieval c event, th		PART I. DEATH WAS CAUSE	oly one cause per line for (0), (b), D BY CARD 1 0		RATORY ARRE	ST		BETWEEN C	MATE INTERVAL ONSET AND DEATH
death of		Conditions, if ony, which	DUE TO, OR AS A CONSECUTION (b) CEREB	RAL EI	DEMA AND DE			2	DAYS
that the d by the ease rem oil, crems or other to		gave rise to immediate cause (a), stating the underlying cause last	due to, or as a consecutive (c) CEREBR	OUENCE OF	MIDDLE AND TERY THROMB	POSTERIOR OSIS	1	4	WEEKS
cequires or to bury, or injury, or	NOIL	PREVIOUS	SEPTICEMIA,	HEAR'	T FAILURE				
the law class or premit	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		200 AUTOPSY?	IN CERTIFY!		
SSCIAN.	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN 11EM 18 PAR	I (OR PART 2)	
NG PHY other this os the bis subset or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		211 LOCATION STREET	CITY OF TOV	VN	COUNTY	STATE
ATTEND supidal o CTOR. J of for use t, of Head		saw the deceased alive an abave, (I) (we) (V id) (did no	tal) attended the decayed from 19 04 84 19	0	nd that in (my) (our) apinian	death accurred on the da	ite and have a	and from the	
TAL OR T the his RAL DIRE detachin tote Dept		22b SIGNATURE	5			MEDICAL STAF	FIANK	7/04	SIGNED
T - 0 80 3		220 PHYSACTAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS				

DHMH - 16 50M 4/83 (VRA 15, 4)

CREMATION

24. FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

B. LOBATO MD

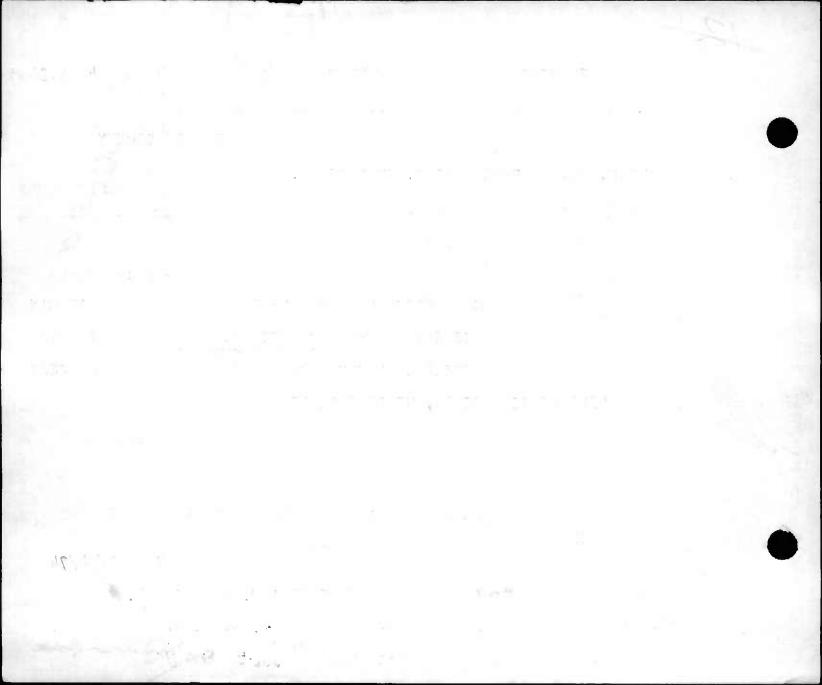
7/6/84

Bucks Co,

Pa.

GBMC-6701 N. CHARLES ST.

23c NAME OF CEMETERY OR CREMATORY Delaware Valley



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours-retained by the haspital or attending physician.

STATE OF MARYLAND

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME OR PRINTY	FIRST	JACK	D.	K,	ST KAHLER	2a DATE OF DEATH	MONTH	DAY YEAR	26. HOU
1	3. SE	MAIS		I. RACE	4 =	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY YRS.	IF UNDER I YEAR	HOURS
15		IRTHPLACE (STATE OR COUNTRY) aryland	FOREIGN .7	L. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY		TY OF DEATH	int
2	1	ity or town of DE		SHE NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Machinis	T OF WORKING	12b. KIND OF INDUSTRY Self-6	V
35	13a S Ma	AL RESIDENCE (IF NURS STATE aryland	13b COUNT Balti	ſΥ	I3c. CITY OR TOW Cockeys	VN				ollow Rd.	210
30	W	ATHER'S NAME FIRST alter	Pł	nillip	Kah]		15. MOTHER'S MAIDEN NA FIRST Sarah	Elizabe	th	Bel	11
medico	(WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE	NED FORCES? WAR OR DATES)	16b. SOCIAL SECU 214-18-0		Elizabeth H.		Same	as #13e	
,		underlying couse		(c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION G	IVEN IN PART I/o	
s ony injury.	ICATION		NIFICANT CO				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	IVEN IN PART 110 ES, WERE FINDING	GS USED
em 18 shows any injury, o	AL CERTIFICATION	PART 2. OTHER SIGN	NIFICANT CO	19b. COND 21b. TIME C HOUR A.	ITION FOR WHICH OF INJURY .M. MONTH D	OPERATIO		200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FINDING IFYING CAUSES C	GS USED OF DEATH NO
or Hem I	MEDICAL CERTIFICATION	PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNI	TION DERLYING CAUSE OF DEAT ICAL EXAMINER) RED	19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	ITION FOR WHICH OF INJURY ,M. MONTH D ,M. OF INJURY	OPERATIO	n was performed	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y	ES, WERE FINDING IFYING CAUSES C	NO [
21 is marked or Item 18 shows any injury, c		PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING [IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY ACTIVE AT WORK 220.1 certify that (1) sow the decess	TION DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CO. (this hospite ied olive on _	19b. COND 21b. TIME C HOUR A. P. 21e. PLACE [AT HOME, STI	OF INJURY M. MONTH D. M. OF INJURY REET, FACTORS THE decented from	YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YI IN CERT NJURY IN ITEM 18	ES, WERE FINDING IFYING CAUSES C (ES	STA
If Hem 21 is marked or Hem 1.		PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY AT WORK NOTIFY AT WORK 22a.1 certify that (1)	TION DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CONTROL CAUSE OF CAU	19b. COND 21b. TIME C HOUR A. P. 21e. PLACE [AT HOME, STI	OF INJURY M. MONTH D. M. OF INJURY REET, FACTORS THE decented from	YEAR 19 ALM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET , 19	780 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR deoth occurred on the	20b. IF YIN CERT NOTEM IS TOWN dote and ha	ES, WERE FINDING IFYING CAUSES C (ES	ST.
Item 21 is marked or Item 1.		PART 2. OTHER SIGI	TION DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CO. (this hospite ied olive on did) (did not)	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH D. M. OF INJURY REET, FACTORS THE decented from	YEAR 19 ALM, ETC.)	21c. HOW INJURY OCCUR 211 LOCATION STREET , 19 ad that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR CITY OR MEDICAL SI	20b. IF YIN CERT NOTEM IS TOWN dote and ha	ES, WERE FIND IN. IFYING CAUSES C VES COUNTY COUNTY The pur and from the county of	ST.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

J.C. D. . A. B. J re inist Celi-culogod arthad Baltisore Cockeysville I 13360 Jappy Folice Rd. 21030 Talter Ibillip Kahlor Sareh Hisrieth Fell Milit 214-18-3030 Militabeth W. Mahlen - Same as 413e 85.

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

cremetics :-22-86 Westvice

18	3	
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•	death. Page 4.	hin 72 hours of
5	a _t	led with

STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE Q		1		
CERTIFICATE OF DEATH		REG. N	١٥.		
1457	A- DATE OI	LITARIO	AACONITAL	DAY	VEAD

1	FOR - STATE REGISTRAR	DE	PARTMENT OF HEA CERTIFIC	ATE OF DEA		NE O REG. NO),	0 1	
	ECEASED NAME FIRST	MIDDLE	LAST		20	. DATE OF DEATH	MONTH (DAY YEAR	26 HOUR
(TY	PE OR PRINT)	NNIE	KAT	ZOFF		(07 03	3 184	9:15A M
3. S	F	4 RACE	5. DATE OF	BIRTH	YEAR 4/ 6.	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COU	NTRY? 8.	☐ NEVER MARI	RIED X	BALTIMORE CITY OF	COUNTY	OF DEATH	
	Md.	u.5'	WIDOWED	DIVOR	CED 🗌	BALTIMORE			MD.
10, 4	TOWSON	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV GREATER BALT	E STREET ADDRESS)			Re USUAL OCCUPATK TYPE OF WORK FOR MOST OF Secretary			· City
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136. COL		Balto.	3d INSIDE CITY L				ghts Av	e. 21215
14.1	FATHER'S NAME FIRST	MIDDLE	ist I	5. MOTHER'S MA		MIDDLE		LAS	T
	Meyer	Katzo		Rachel		· DDar		Snyder	
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C)	RMED FORCES? 166 SOCIA	40-4099	7. INFORMANT Ms. Sat	rah Ka	tzoff - Sa		#13	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF			LE METASTA			
Z	PART 2 OTHER SIGNIFICANT	LEEDING	NO TO DEATH BUT NO	JI KELATED TO	THE TERMIN	AL DISEASE OR CONE	JIIION OIV	EIN HALAKI III	,
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORME	ED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S [7]	
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONT	TH DAY YEAR	21c HOW INJUR	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART ?}	
MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		ZII LOCATION		CITY OR TON	VΝ	COUNIY	STATE
	228.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did, 22b. SIGNATURE	113	_19_84, and	,	9 84 r) opinion dec	to	te and hav		
	224 PHYSICIAN'S NAME (LYM	der the	0	ATTE PHY: 27e ADDRESS		MEDICAL STAF DIRECTOR PHYSIC		7	13/84
	GEORGE BEDO				NILWOR'	TH DRIVE	TOWSO	N 21204	
230	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	7/3/84	23¢ NAME OF CEA	AETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. After this certificate for these signed by the attending physicion and compiler should be detached for use as the buriol-trantillerm. Then please remove carbon papers. Pages 1 and 3 with the State Dept of Health and Mental Hygieric prior to buriol, cremation, or removol.

mjury, or ather traumatic event,

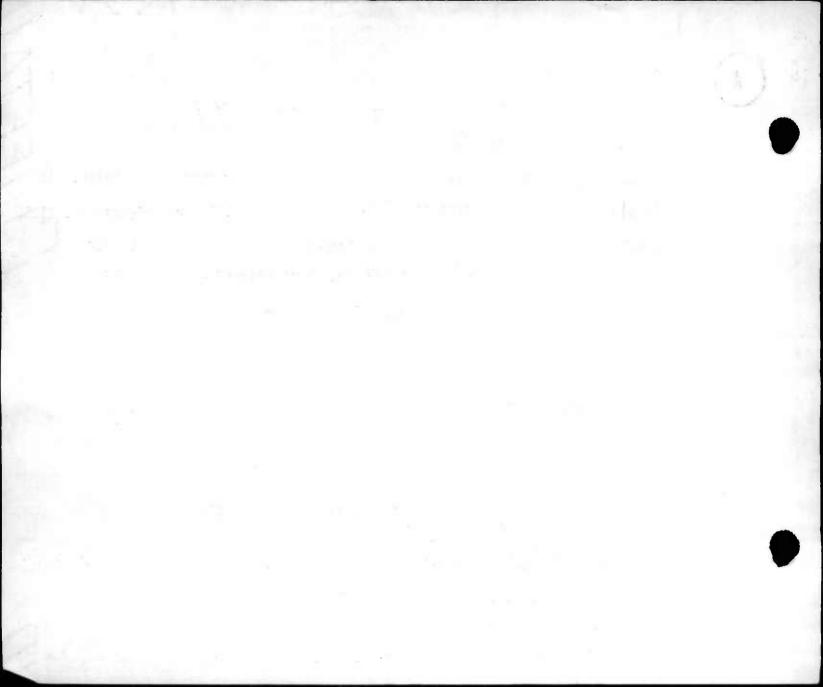
IMPORTANT: If Item 21 is morked as

24 FUNERAL DIRECTOR Anatomy Board (VRA 15, 4)

ADDRESS Balto., Md.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

[JUL 6 1984 Lha Davidson-Randell



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, possibated for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after de with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

B

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

REGISTRAR				CERTIFI	CATE UF DEA	IN	REC	. NO.			
1. DECEASED NAME			MIDDLE	LA	ST		20. DATE OF DEAT		H DAY	YEAR	26 HOUR
(TYPE OR PRINT)	Clara	C. (HU	FNAGEL)	KEEF	ER	-	July	16.	1984		1:58 P
3. SEX		4. RACE		5. DATE OF			AGE (IN YEARS LA			ER 1 YEAR	IF UNDER 24 HRS
FEMALE		GATIC	ASIAN	MONTH		YEAR 1928	56		YRS.	DAYS	HOURS MIN.
a. BIRTHPLACE (S	TATE OR FOREIGN		WHAT COUNTRY?	8.	NEVER MAR	- 1	BALTIMORE CIT			EATH	
MARYI.	AND	US	A	WIDOWEL			Baltimo	re C	ounty		M
O. CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSINGH FACILITY, GIVE STREET	NG HOME OF			120 USUAL OCCUI	PATION DST OF WOR	KING LIFE) INC	KIND OF	F BUSINESS OF
ROSSVI		R OTHER INSTITUTION	LIN SQU		USFITAL		HOODEN	TLE		110111	9
MARYLAN	136 COU	NTY	ROSEDA		-	N N		PEAR	CODE	. 21	1237
JAMES	VTN	MIDDLE	GESLOI	S	GRACE	AIDEN NAM	MARIE		MONT	RANG	FOLA
WAS DECEASE	EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL		17 INFORMANT		AC	DRESS			
LYES, NO OR UNKNO	(IF YES, GI	VE WAR OR DATES)	21 3263	532	GEORGI	ANN L	ITTLE 3	09 I	MOTO		VE_
18 CAUSE O	DEATH (Enter o	nly one couse pe	r line for (a), (b), on							APPROXI	MATE INTERVAL
PART I. DE	ATH WAS CAUS	ED BY: TE CAUSE (0)	Cardiopu	ulmonai	ry Arrest	t					
PART 2. OTH 190. DATE OF 210. ACCIDENT			ONTRIBUTING TO			1100	200 AUTOPSY?	20b.	IF YES, WER	E FINDIN	IGS USED OF DEATH?
E		7 1011 71115	SE WILLIAM		21. HOW INTER	V 0.000000	YES NO		YES [NO [
On COLUMNIA	WAS UNDERLYING [NG] CAUSE OF DE TIFY MEDICAL EXAMINE	AIH	.M. MONTH D .M.	AY YEAR	ZIL HOW INJUR	YOCCURRE	D (ENTER NATURE OF	INJURY IN IT	EM 18 PART I OR	R PART 2)	
(FEITHER NO 21d. INJURY C	NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET		CITY	OR TOWN	cc	PTMUC	STATE
220 1 certify sow the obove.	that X (this hasp deceased alive of (we) (did) (did)	oital) attended the	ne doceosed from_	July 84, one	15 , 1 d that in (m) (our	9 <u>84</u> r) opinion de	to JULY	16 ne dote or			that X : (we) los couses stated
22h SIGNAM		1-X	1001	w.	EGREE ATTE	NDING SICIAN []	MEDICAL DIRECTOR PH	STAFF YSICIAN		July	16, 19
	N'S NAME (TYPE		7		22e. ADDRESS		ed right		0.1		
	hew Scot						n Square	Driv	ve, 21	237	
BURIAL CREATE BURIA	T.			NAME OF CE	METERY OR CREAT	JESUS	23d LOCATION	22	BAI	NIY OM	MD
201121	LALI .	1/17/	1704 08	CHILD	TITISMILL	OBOUR	Derrit.		DAL	TIO	2.12

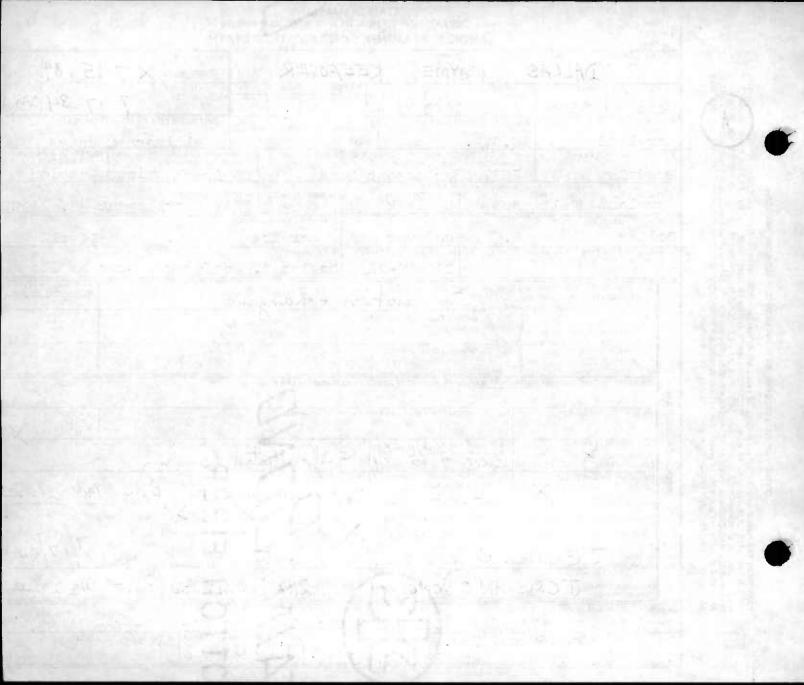
DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or offending physician.

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	S. Prototel				CALLER
\$100	SALVESTOR	LOIME	SHAPPAR KII		and Ivalua
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AATTILATIO	E FIRE	POARD	atolato	THEORIN	JAMES
LVA CATOTO	Tent Minit	CROSCIAGO	ct, ctlc	gent the time and	
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			TWO ENGLISHED		

	2		FOR					AND MENTAL		1 8	1 3	5 5
	10		REGISTRAR		ME	DICAL EXA	MINER'S C	ERTIFICATE O	KE	G. NO.		
y	8 8 F.		CEASED NAME OR PRINT)	DALLA:	s W	AYNE	KEE	FOVER	26. DATE KNOW OF ESTI- DEATH MATE	6 4 -	15 19 8	20 110011
0	OUR MREET	3. SEX	1,544	4 RACE	S. DATE OF BIRTH		(IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YE	AR 24 HOUR
	SZGE A		le	White	4 23	1962 22		DATS HOURS	DEAD		17 1984	4 0345
	Persi de la companya	FO	RTHPLACE (ST REIGN COUNTRY) ryland	ATE OR	U.S.A.		# MARR	ED NEVER MARK	Balti	more Co	ounty	T MD
2	PAGE SE PILED W	10 CI	Y OR TOWN	OF DEATH		SPITAL, NURSING		ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		12b. KIND OF OR INDU	BUSINESS
3	SEA RES		ndalk		7637	Charles	nont Ro	oad	Umpire-Am	erican	Leag	ion
21201	SHOULD B	13e. S		13b COUNT Balt:	r other institution, of the company	134 CITY OR TO Dunda	WN	13d. INSIDE CITY LIMITS? YES NO 🕃	13. STREET ADDRESS 7637 Char	lesmont	t_Rd.	2122
E, MD.	PM 3.		THER'S NAME		MIDDLE R.	Keefove	er	15. MOTHER'S MAID FIRST Barbar	MIDDLE		Powe	11
MOR	F PAGE FORM ON ON O	Ióa V	AS DECEASED	EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SE		17. INFORMANT		PRESS		
ALTI	B. GIVE PA WITH FOR DIVISION	No		WANT (IF YES, GIVE	WAR OR DATES	218-84	1-2199	Dallas F	R. Keefover	Same	e as	13e
TON ST.,	EM 18. ONG W ERMIT. AL.		PARTIDE	ATH WAS CAUSED	BY: E CAUSE (a)	Duan gu	laturn	+ han	ging			MATE INTERVAL NSET AND DEATH
W. PRESTON	ENCIL IN IT MINER ALC TRANSIT P INTAL HYGON		gave ris cause (a)	is, if any, which e to immediate stating the <u>under</u> -	(b)	R AS A CONSEQUE	NCE OF					
201	ACOURT IG. IN P SURIAL AND ME ATION,		lying cau	se last.	(c)					100		
RECORDS	SI AIS	Z	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a).			
REC	F WED AS	ATIC	19a DATE OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATION W	'AS PERFORMED?	- Carrier	Die N	20 AUTOP	SY?
VITA	るころできる	TIFIC									YES [DON [
DIVISION OF	NO THE WOOD TO THE CONTROLLE BE PARTMENT REIOR TO BU	MEDICAL CERTIFICATION		OR CAUSE OF E	PEATH 2200	M. MONTH 15	YEAR 21c. H	Self-mile	EDITENTER NATURE OF INJURY IN	EM 18 PART 1 OR PAR	(1 2)	
DIVISIO	WRITING WRITING WRITING WRE 3 SI- CAE 3 SI- CAE 2 SI- CAE 2 SI- CAE 2 SI- CAE 3 SI- CA	MEDIC	21d INTITIPY C		21e PLACE	OF INJURY (AT HO	DME. 21f. LO	STREET Char	Lemon Rd.	Ballo.	"Md.	21222
i	R: IT: VATE,				e of the remains de	scribed above, held	on Autop	sy , Inspection	an Inquiry I	and in my opi	inian	
	A STANDAR	0	death resulte	ed fram: Natur	al causes .	Accident .	Suicide	, Hamicide .	Undetermined manner		-/	1
	AL EXAMINER HE CERTIFICAT HOURD BE FOR AL DIRECTOR E, WARYLAND		ACTUAL SIGNATURE_	J. Cros	tan O'	Sonova	M	Deput	MEDICAL EXAMINER	DATE	10	7/84
	EXECUTE THE CERTIFIC EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 10 FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLA		EXAMINER'S (TYPE OR PRIF	NAME J. CR	ROSSAN	o Donol	Mal	ADDRESS 2112	DUNDALK AVE.	BALT.	MD :	11202
	SASSEM _	230.BI	JRIAL, CREMA	ION, REMOVAL 2	36 DATE		OF CEMETERY C		23d LOCATION CITY OR TOWN	COUN	ITY	STATE
	BP	Bu	rial		7/19/84	Bel 2	Air Me		Bel Air	Harfo	rd	MD.
	DHMH - 17			TOR Duda-		nc.	MD 03	1111	REC'D. BY REGISTRAR 255	TE FOR AREAS	DANHETT OF	4
(VR A15 ME (5))	1 / 5	122 W.L	se Aven	116 1)11	ndalk.	VII) 2	222 JUL				



DIVISION OF VITAL RECORDS,

* William Comment Research Comment Comment Comment

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	mpletel	

FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

This Davidson Bondage

REGISTRAR									
I. DECEASED NAME	FIRST		WIDDLE	LAST		20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
[TYPE OR PRINT]	DANIEL		JAMES	KELLY	, SR.	JULY 4, 19	984		10:15
3. SEX	14	4. RACE		5. DATE OF BIR		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HR
MALE		WHITE		MONTH 8/2	2/1898 YEAR	85	YRS	MONTHS DATS	HOURS MIN
70. BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
BALTO., MD		U.S.A.		WIDOWED	DIVORCED	BALTIMORE	COUNT	Y	
10 CITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	IG HOME OR OT		120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS C
DUNDALK			NMURRAY R		В 21222	FOREMAN	OF WORKING LIF		MFGR.
USUAL RESIDENCE (IF	NURSING HOME OF C	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					I PIL GIV.
MARYT AND	DAT IT	IMORE	DUNDALK		INSIDE CITY LIMITS?	13e STREET ADDRESS			כם וחו
14 FATHER'S NAME	TIMUI.	II-IOIUE	DONDALK		OTHER'S MAIDEN NA		IRRAI	RUAD AF	1. D. Z
JOHN	N	J.	LAST IZET T V		FIRST	MIDDLE	,	LAS	
160 WAS DECEASED E	/ED INI (I S. ADA		KELLY		S. NEORMANT	AGNES			HERTY
(YES, NO OR UNKNOWN		WAR OR DATES)						BERWYN	
NO			213.07.2		ANIEL J. KI	کلیل ^ی UK.	COLLE	GE PARK	
III CALISE OF D			line for (a), (b) and	<u> </u>				BETWEEN	20740
PART I. DEAT	I WAY CHOSED							0	men
		DUE TO, O	R AS ACONSEQUE	ENCE/OF			MIT	10	1100
	ny, which immediate ating the	DUE TO, O	R AS A CONSEQUE	VD				15	year
Conditions, if gove rise to couse (o), s underlying country.	IMMEDIATE ony, which immediate ating the suse lost	DUE TO, O (b) DUE TO, O (c) ONDITIONS C	R AS A CONSEQUE	ENCE OF		VINAL DISEASE OR CON	20b. IF YES	EN IN PART THE	NGS USED
Conditions, if gove rise to couse (o), s underlying country.	IMMEDIATE ony, which immediate ating the lost SIGNIFICANT CO	DUE TO, O DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT NOT	AS PERFORMED		20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
Conditions, if gove rise to couse (o), s underlying country in 19a DATE OF OP 21a. ACCIDENT WA	IMMEDIATE ony, which immediate ating the ause lost SIGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT	DUE TO, O (c) DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C HOUR A.	ONTRIBUTING TO D	DEATH BUT NOT OPERATION WA	AS PERFORMED	20a AUTOPSY? YES NO X	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
PART I. DEAT Conditions, if gove rise to couse (o), s underlying countrying	IMMEDIATE Dry, which immediate ating the lost. GIGNIFICANT CO. RATION UNDERLYING	DUE TO, O (c) DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C HOUR A. P. 21e PLACE	ONTRIBUTING TO D	OPERATION WA	AS PERFORMED	20a AUTOPSY? YES NO X	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
PART I. DEAT Conditions, if gove rise to couse (o), s underlying countrying countrying country and part of OP PART 2. OTHER: 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING LIFETHER NOTHY WHILE NOTH NOTHER AT WORK NO	IMMEDIATE Dry, which immediate adring the lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER) UNRED I WHILE WORK	DUE TO, O (c) DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C HOUR A. P. 21e PLACE [AT HOME, STI	ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY	OPERATION WA AY YEAR 19 ARM. ETC.) 211.	HOW INJURY OCCUP LOCATION STREET	200 AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES IN CERTIF YE IRY IN ITEM 18 P	OUNTY	NGS USED OF DEATH? NO STATE
PART I. DEAT Conditions, if gove rise to couse (o), s underlying country in the part of t	IMMEDIATE Dry, which immediate adring the lost IGNIFICANT CO RATION UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER) UNRED I WHILE WORK	DUE TO, O (c) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 216 TIME C HOUR A. P. 216 PLACE JATHOME, STI	ONTRIBUTING TO D ONTRIBUTING TO D OTHER WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION WA AY YEAR 19 ARM. ETC.) 211.	HOW INJURY OCCUP LOCATION STREET	200 AUTOPSY? YES NOT	20b. IF YES IN CERTIF YE IRY IN ITEM 18 P	OUNTY	NGS USED OF DEATH? NO STATE
PART I. DEAT Conditions, if gove rise to couse (o), s underlying country in the part of t	IMMEDIATE Dry, which immediate afting the ause lost. SIGNIFICANT COMMENT COM	DUE TO, O (c) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 216 TIME C HOUR A. P. 216 PLACE JATHOME, STI	ONTRIBUTING TO D ONTRIBUTING TO D OTHER WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION WA	HOW INJURY OCCUP LOCATION SIREET 19 at in (my) (our) opinion	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	206. IF YES IN CERTIF YE YE IN ITEM 18 P	OUNTY	NGS USED OF DEATH? NO STATE that (I) (we) licouses stated
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DHMH - 16 50M 4/83 (VRA 15, 4)

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending a should be detached for use as the burial-transit permit. Then please remove carbons with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or term

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicial CANAL

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(poge 3	A	1
by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction	detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filted within 72 hears filter	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.
etoined	D FU	should	th the
63	2	5	3

STATE OF MARYLAND FOR - STATE

REGISTRAR				CENTIF	ICATE OF DEATH	R	EG. NO.		
I DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEA	HINOM HTA	DAY YEAR	26. HOUR
(TYPE OR PRINT)	Sam	uel	Edward	L	Kelly		7	5 84	2:00 M
3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAY	
Male			White	09	14 1890	93	YRS.	MONTHS: DAT	HOURS MIN.
To. BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
Maryland		USA	1	WIDOWE	V	Balti	more Co	untv	MD.
IO CITY OR TOWN O	FDEATH				OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b. KIND	OF BUSINESS OR
Towson			CHEACILITY, GIVE STREET		ing_Center	Mechan			. Transit
USUAL RESIDENCE (+	F NURSING HOME OF		130. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADD	DESS / 7IP COL	NE .	Co.
MD		timore	Cockey		YES NO X		reenway		1030
14 FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	DOLE		ASI
Albert	Gr	egory	Kelly	r	Colita	Ma	NOTE .		ierson
160 WAS DECEASED	EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRESS 11	1 West	Rd. 21204
(YES, NO OR UNKNOW	(N) (IF YES, GI	VE WAR OR DATES)	215-09-	3792	Dulaney Tows	on Nursi	na Cent		
	DEATH (Enter or	du one coure ne				00			DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEA	TH WAS CAUSE	D BY:	ATS (177	1	1/1/2	-/-		+>10
	IMMEDIA	TE CAUSE (b)	131	-1-4	Janus	1 Color	DIRA	10	7
		DUE TO, C	OR AS A CONSEQU	UENCE ()		-		3373	/
Conditions, if gove rise to		(b)	u	vie	1				
couse (a), underlying	stating The	DUE TO: C	M AS A VOINSE OF	UENCE OF	14		A		-
onderlying	COUSE 1031.	((c)		La	weren'y	nell	Ma	12-	- yeu
	SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION G	IVEN IN PARI	lia:
CERTIFICATION OF THE CATOR OF T									
190 DATE OF O	PERATION	196 CONE	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY		ES, WERE FINE	NGS USED ES OF DEATH?
AT L						YES NO		res 🗌	NO 🗆
	_	216. TIME (OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART T OR PART 2	
OR CONTRIBUTION	CAUSE OF DE	ALM	. M.	19					
OR CONTRIBUTING	CURRED		OF INJURY		211 LOCATION	617	Y OR TOWN	COUNTY	STATE
WHILE AT WORK	AT WORK	(AT HOME, SI	TREET, FACTORY, OFFICE	FARM, ETC)	STREET	CII	Y OK TOWN	(00)411	STATE
220.1 certify th	ot (I) (dins hosp	nat) attended t	he deceased from		130 19 84		7/1	19 Del	c, that (I) (We) lost
sow the de	eceased olive or	a view the head	19	87.01	nd that in (my) (aut) opinion	death occurred on	the date and ha	our and from th	ie causes stated
77h SIGNASOR		m) view the door	y after death.		DEGREE	-		77c DA1	EAIGNED
1111	nito	1	h	/	ATTENDING E	MEDICAL DIRECTOR DI	STAFF.	7/	· lack
224 PHYSICTAN	TS NAME (TYPE	OR RINT)	2220	- cc	77e ADDRESS	P-DIRECTOR L.J.	HTSM:IMPE	10/	6/14
Chai	cles F.	O'Doni	nell, M.	D.	7501 York	Rd., 217	204	1000	
230. BURIAL, CREMAT	ION, REMOVAL				EMETERY OR CREMATORY	234. LOCATIO		COUNTY	n WAW
Burial		7/9/	84 N	ew Ca	thedral Cem.	Balto	. City	COUNTY	mä.

DHMH - 16 50M 4/83

(VRA 15, 4)

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Rd. 21093

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Allo Taranta della HE TO THE POPULATION OF THE PARTY tioned to the companies of the companies Albert gib E groups south Machine Called the Service of Day 1 Signatura Source Charles Barrel Charles I. C'Donnett, McCh 7301 York To., 21704

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TO HOSPITAL OF	retained by the hospital ar a
DSPIT	ed by
TO HC	etoin

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages Lond 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the

IMPORTANT: If Nem 21 is marked or Hem 18 shows any

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO).	• ,
	CEASED NAME CACI	MIDDLE M	V	ennedn	26. DATE OF DEATH	7 28 84	2b. HOUR
3. SEX		4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEA	
	FeMale	Black	MONTH 6	13 YEAR 1921	63	YRS. DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	8Y2 B		9. BALTIMORE CITY OF		
//	ountry) irginia	U. S. A.	WIDOWE	DINEVER MARRIED	Baltimore	County	MD.
	TY.OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C				
N	Baltimore	Baltimore Cou		eral Hospital		rator Nursi	
13a. S	TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEI UNTY 13c. CITY OR TO Baltim	OWN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 7 Baltimore,		Road 21207
	THER'S NAME FIRST Ned	MIDDLE LAST Willi	ams	15. MOTHER'S MAIDEN NAME FIRST Eulisie		ı	ast ones
	AS DECEASED EVER IN U.S. A		ECURITY NO.	17. INFORMANT	2140 ^{AD} P1	he Avenue	
(4)	ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES! 215-16-	7954	Evelyn A. Ban	ks Baltimo	re, Marylan	d 21207
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGN(FICANT	DUE TO, OR AS A CONSECT OUE TO, OR AS A CONSECT (c) T CONDITIONS CONTRIBUTING TO	QUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	10
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
CERI							
CAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR			NO 🗆
MEDICAL	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	19	21r. HOW INJURY OCCURR 21f LOCATION STREET		LY IN ITEM 18 PART I OR PART 2)	ИО 🗌
MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 210. PLACE OF INJURY	CE, FARM, ETC.)	21f LOCATION STREET , 19 d that in (my) (aur) apinion of	CITY OR TOV	IY IN ITEM 18. PART I OR PART 2) WN COUNTY 19 11e and haur and from th	STATE , that (I) (we) last e causes stated
	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE AI WORK AI WORK DOON THE GIRL OF THE CONTRIBUTION DOON THE GIRL OF THE CONTRIBUTION	DEATH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI Toll attracted the deceased training the political view the godyvatter do the	CE, FARM, ETC.)	21t LOCATION STREET , 19 Id that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	CITY OR TOV	NN COUNTY 19 1te and haur and from th	STATE , that (I) (we) last
THE REAL PROPERTY.	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE NOTIFY HAVE AT WORK AT WORK WHITE OF THE STREET OF THE STREET AT WORK A	DEATH HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI TOTAL VIEW THE SOCK STREET OF THE STREET OF TH	CE. FARM. ETC.)	21f LOCATION STREET	CITY OR TOV CITY OR TOV TO death accurred on the da MEDICAL STAF DIRECTOR PHYSIC	NN COUNTY 19 1te and haur and from th	STATE , that (I) (we) last e causes stated
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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Harry Lavel & morning

215-16-7954 Evelyn M. Binks Multimorm, Miryland 21200

Sill Fine Avanue

Nucler Sac 250 Symma Palls Pervey Functal Bome Inc. 251 Symma Palls Pervey Functal Bome Inc. 251thcore, Marylanc 21216

	FOR DEPARTMENT OF HEALTH, AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								8 1	40
	(TYPE	CEASED NAME FIRS	len	MIDDLE	KI	mble	20 DATE OF DEATH	14	16, 1984	8 DM
	1 SEX	Female	4. RACE White		5. DATE OF MONTH	28 1894	6 AGE (IN YEARS LAST B	YRS	MONTHS DAYS	ME UNDER 2 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOREIGI COUNTRY)	USA	WHAT COUNTRY?	MARRIED	-	County			MD.
10		TY OR TOWN OF DEATH Baltimore AL RESIDENCE (IF NURSING HO	10-11 EN	H FACILITY, GIVE STREET	ADORESS)	ONV. CHE.	(Type of work for most Clerk		FE) INDUSTRY	n Carton
5	13a. S	TATE 136.4	COUNTY	City	VN 1	3d. INSIDE CITY LIMITS? YES X NO		/ ZIP CODE estern	Run Dr	. 21209
W		William VAS DECEASED EVER IN U.	FRAMC	DOW 166 SOCIAL SEC	NS	Emma 7 INFORMANT	MIDDLE		Rhoades	r
2			ES, GIVE WAR OR DATES)	217-20-	9212A	Jane Massico				MATE INTERVAL
		Canditians, if any, which gave rise to immedio couse [0], stating the underlying cause later	DUE TO, OI the (b) DUE TO, OI the (b) DUE TO, OI (c)	R AS A CONSEQUE	ENCE OF	OT RELATED TO THE TERM	Artery Oc	sear	/EN IN DADI IV	
G	CERTIFICATION	19a DATE OF OPERATION				WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
9	MEDICAL CER	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH D	AY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 1	PART I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	?le PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE.		21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
9		220.1 certify that (1) (shows as the deceased all above, (1) (was tried) (c	ve an lid not) view the body	11 198	ih 1			AFF		
/		M-C. K	/	WSICI	MB	8604 H		nd		
	23a. B	Burial, CREMATION, REMO	7-19-1			et Cemetery	Baltin	ore	COUNTY	Ma".

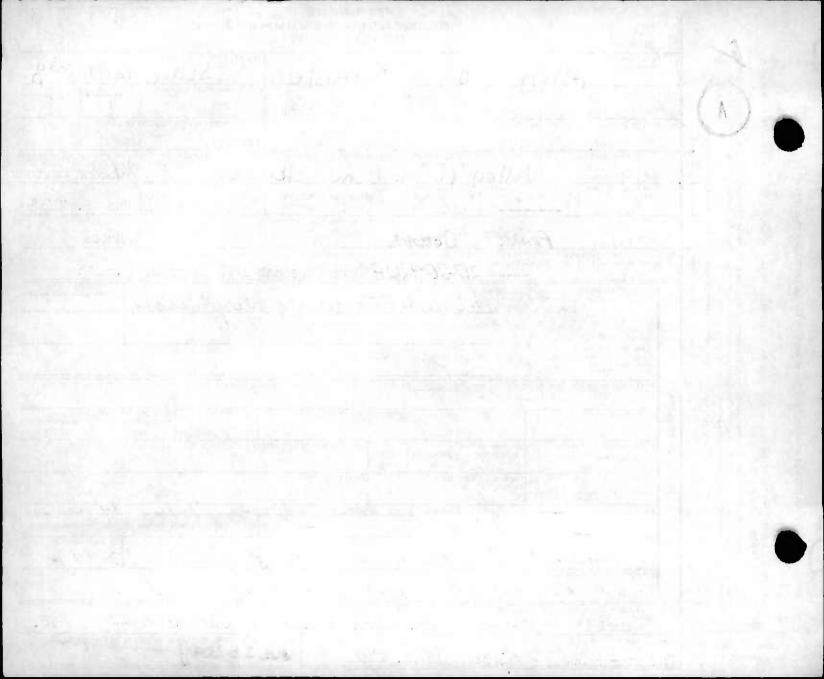
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filmal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Burial
74 FUNERAL DIRECTOR
NAME
Burgee - Henss

3631 Falls Rd. 21211

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OF THE SIGNATURE OF



be executed within 24 ha

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

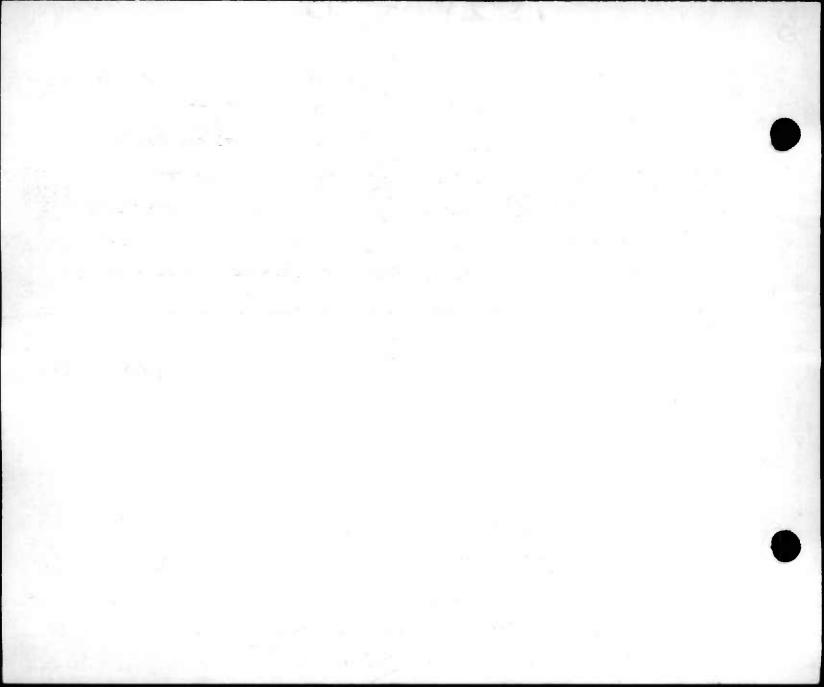
11.	STATE REGISTRAR	DE	CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	-	IAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
LIABE	MILFOR	70	1611	15LER	7 2	6 84 6.06 A
3 SE		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	MAle	Caucasin	MONT	2 1°5 19′1′8	65 YRS	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	6	9. BALTIMORE CITY OR COUNT	Y OF DEATH
4	¹ ennessee	U.S.A.	WIDOW	D NEVER MARRIED	Baltimore Cou	
	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS O
E	Randallstown	Balto Cou	intv Ger	n Hosp.	Carpenter	Self-Emp
USU.	APRESIDENCE (IF NURSING I LEED	MERINSTITUTION GIVE RESIDENC	E BEFORE ADMISSION		1	2110
130.	STATE ME COUNTY	TISE CITY O	riotts	YES NO PA	7424 Mariotts	ville Rd 2
_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
	Vincent	Kins	sler	Maude	MIDDLE F6	euget 'AST
160 V	WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRESS	
((YES, NO OR LINKNOWN) (IF YES, GI	VE WAR OR DATES) 414-	-16-382	2 Elsie Kin	sler Same as #	# 13
	18 CAUSE OF DEATH (Enter or					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pair-	PART I. DEATH WAS CAUSE	D BY:	B 1010	1. 01.1191	olo	BEI WEEN ONSE! AND DEAT
	IMMEDIA	TE CAUSE (0)	was.	c way no	16	
		DUE TO, OR AS A CON				
ı	Conditions, if any, which gave rise to immediate					
ı	cause (a), stating the	DUE TO, OR AS ALON	SEQUENCE OF	1		1 1
	underlying cause last.	(c) Red	DILLA	got anel	(2018/1) BL	CARMINER Y
١	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART Tra
O N					/	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED
Ē						FYING CAUSES OF DEATH?
1 %	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	PART I OR PART ?}
300	OR CONTRIBUTING CAUSE OF DE	AIR	H DAY YEAR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
ME	WHILE NOT WHILE	(AT HOME STREET FACTORY,	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK					
0	22a I certify that (I) (this hasp			. 19.	to	19, that (i) (we) to
	above (I) (we) (did) (did no	ot) view the body ofter death.	194	nd that in (my) (aur) apinion	death occurred on the date and ha	ur and from the causes stated
	72h SJGNATURE	11 /		DEGREE		226 DATE SIGNED
	Hoyees 8	N AUGO	2011	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	17/26/94
1	MILLAHYSICIAN'S MAME LAME	on Printers (22e ADDRESS		1 10
	ZINEF 52	SYEI	()	RNITIMA	DE MOUNTY	AIN SINE
22.	DUDIAL CREMATION PERSON		Table of	WHL/ /IIIVX	23d. LOCATION	TOLI IVOL
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OR TOWN	STATE
L	Cremation	1 7-27-84	Securi	ty Process	Catonsvill	e Md.
	UNERAL DIRECTOR	_ AD	DRESS -	259 PM	IE RYC'DI BY MOUSTRA 1251 REGIS	TRAR'S SIGNATURE
IV.	/acNabb Funer	al Home Cã	tonsvil	Lle, Md.		

DHMH - 16 50M 4/83

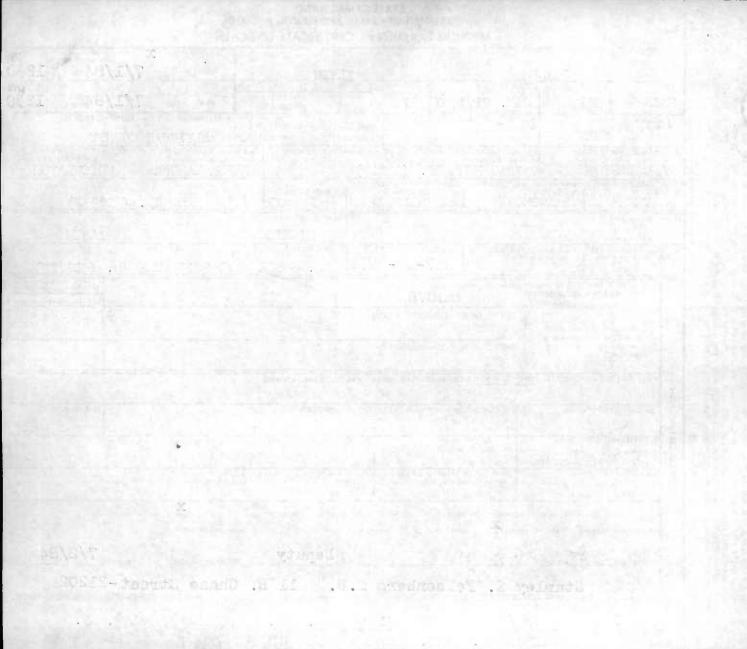
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)



	8		FOR		STATE OF PRINCE OF STATE OF ST			18142
		1. DEC	REGISTRAR EASED NAME FIRST	***************************************	MIDDLE	LAST	2a. DATE KNOWN	
	# 5 12 S F.	(TYPE	JOS	ЕРН	M	KLEIN	OF ESTI- DEATH MATED (□7/1/84 ₁₉ 123/
A	S S S S S S S S S S S S S S S S S S S	3. SEX	LE WHITE	5. DATE OF BIRTH MONTH DAY JAN. 21,		UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	7/1/84 ₁₉ 123
Ď.	MARIEN POR	7a. Bli	RTHPLACE (STATE OR REIGN COUNTRY) YORK	76. CITIZEN OF WHA	M	ARRIED NEVER MARRI	ED 🔲	E COUNTY OF DEATH
	PELAY IS NO THE HOOF TO THE HO	RA	NDALLSTOWN	3810 NEI	ITAL, NURSING HOME, OR BUTY, GIVE STREET ADDRESS) MO RD. (21133		12a. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) PAPER HANGER	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
21201	IF ANY DE 2, AND 3 TO 3. RETAIN SHOULD BI LAECORDS	13a S1	L RESIDENCE (IF IN NURSING HOME FATE 13b. COUN RYLAND BAL	OR OTHER INSTITUTION, GIVE ITY FIMORE	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN RANDALLSTOWN	13d. INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS 3810 NEMO R	D. (21133)
	PATH PATH	14. FA	THER'S NAME NATHAN	WIDDIE	WANK	15. MOTHER'S MAIDE MINNIE		KLEIN
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AP DIVISION OF		VAS DECEASED EVER IN U.S. AR 15, NO, OR UNKNOWN) (1F YES, GIVE 100	MED FORCES? WAR OR DATES)	217-20-81	73 MRS. SONI	ADDRES A MATZ 3810 NE	
ST., BA	HOURS IN 18. O ING WI RMIT. PV		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line f D BY: .TE CAUSE (a)	or (a), (b), and (c).) ASCVD			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON	D WITHIN 24 ENCIL IN ITE WINER ALC TRANSIT PE ENTAL HYGIE REMOVAL.		Conditions, if any, which		AS A CONSEQUENCE OF			
101 W. P	S A A A A A A A A A A A A A A A A A A A		couse (a) stating the under lying cause last.		AS A CONSEQUENCE OF			
ORDS, 3	ULD BE EXEC "PENDING" EF MEDICAL SED AS A BUI HEALTH AND CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).					
TALREC	Soll Soll	FICATION	19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY? YES □ NO 😿
N OF VI	THE WORLD TO THE COULD BE ARTMENT	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM I	
DIVISIO	VRITING VRITING ARDED TO GE 3 SHO TE DEPAR	MEDIC	210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O		LOCATION	CITY OR TOWN	COUNTY STATE
	INER: TH KCATE, V ICATE, V TOR: PA THE STA ND, 2120		22a I certify that I took char	(A)	ribed obove, held an A	utopsy , Inspection	Undetermined monner	ond in my opinion
	L EXAMINE E CERTIFICA OULD BE FG LI DIRECTOR H, WITH THE MARYLAND,		ACTUAL ACTUAL	2 Fly	Accident L., Suicide	Deputy	MEDICAL EXAMINER	DATE 7/2/84
	TO MEDICAL BEXECUTE THE PAGE 4 SHOLT TO FUNERAL AFTER DEATH, BALTIMORE, M	/	EXAMINER'S NAME Star	ley Z. F	elsenberg		E. Chase Sti	
	PAT TAB	23a.B	URIAL, CREMATION, REMOVAL PECIFY) BURIAL		23c. NAME OF CEMETE	7100111100	23d. LOCATION	BALTO. MD.
	BP DHMH - 17 (VR A15 ME (5)) 15M 7/76		A LEGAL DIRECTOR	LEV INSON & SE	BROS.	25or G A V.		GISTRAR'S SIGNATURE A RE-



		FOR STATE REGISTRAR		ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		14	3
		CEASED NAME FIRST	1,0	/1/1	1015	July	1 26, 192	94 2b. HOL	М
	J. SEX	Female	White	S. DATE OF	23, 1922	6. AGE IN YEARS LAST BIRT	YRS.	DAYS HOURS	R 24 HRS MIN.
5		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	WIDOWED		BALTIMORE CITY O	IORE CO	DUNTY	MD
0	1	DUNCAIK	NAME OF HOSPITAL, NU.	STREET ADDRESS) PI	AINS Rd	TYPE OF WORK FOR MOST OF	ON 12b. FWORKING LIFE) IND		
5		AL RESIDENCE (IF NURSING HORE OF	R OTHER INSTITUTION GIVE RESIDENCE INTY IS A 17	More	YES NO	130. STREET ADDRESS	ATTERY	Ave	2.30
00	JA. FA	A CXIS	MIDDLE PICI	RSON	15. MOTHER'S MAIDEN NAM	MIDDLE	j	TARboc	2
2		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL 2/5-/	SECURITY NO.	BeTTY BU	sh 282	4 Hudse	NST	
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF		INAL DISEASE OR CONI) Sn
1	CERTIFICATION	19s. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USE CAUSES OF DEA NO [TH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	vn co	unty	STATE
		220. I certify that this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	779 2 (4 2)	, one	that in (my) (our) opinion of	, to		om the couses st	
1		22d. PHYSICIAN'S NAME LITYPE	OR PRINT)	m	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF		7/27/	74
		MARC S.	POSNER M	10.	107 E.	West 5	1		

230 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

signed by the ottending physicion and c

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the should be detoched for use os the burial-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

230. BURIAL, CREMATION, REMOVAL

HAR FORd

HAVEN

EN LOCATION

CITY OF DURNIE BATTO

CO BY REGISTRANDS REGISTRANDS AND THE BATTO

A MANUAL AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF Salter Same CUMBALK SEES SAND STOME ST. I SEE STEEL MANUEL CONTROL OF THE JANA JANA 122 MARKA KA

1,	
Q	FOR STATE REGISTRAR
1	I. DECEASED NAM (TYPE OR PRINT)
)	3. SEX Mal
35	70. BIRTHPLACE (COUNTRY) Maryla
20	10. CITY OR TOWN
10	Towsor

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1				REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	ROMIDDLE	LAST 1	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SEX 10	ACE IS.E	Knipp	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS.
	1/1	aucasion	MONTH DAY YEAR OO	84 YRS.	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN 76. C	CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	Y OF DEATH
	Maryland	USA wi	DOWED DIVORCED	Datto	. Co, MD.
)	Towson	NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE TOWSON MANOR Care	SS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Auditor - Mass	.,
1	USUAL RESIDENCE (IF NURSING HOME OF OTHE 130. STATE 13b. COUNTY	er institution give residence before admit 13c. CITY OR TOWN Baltimore		13e STREET ADDRESS 2523 Hamilton A	venue 21214
0	14 FATHER'S NAME FIRST LOUIS F.	Knipp	15. MOTHER'S MAIDEN NAA Elsie	MIDDLE Becks	meyer
	160 WAS DECEASED EVER IN U.S. ARMED			ADDRESS	
1	no	213-05-989	8 Mrs. Edith F	. Knipp 2523 Ham	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) DITIONS CONTRIBUTING TO DEAT 19b. CONDITION FOR WHICH OPER	OF H BUT NOT RELATED TO THE TERMI	200 AUTOPSY? 20b. IF YE	VEN IN PART I(o) S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	w the body offer death. 1984	YEAR 19 21f. LOCATION STREET	CITY OR TOWN CITY OR TOWN Country on the dote and house of the dote of the d	COUNTY STATE
	(SPECIFY)	36. DATE 236. NAME	OF CEMETERY OR CREMATORY	23d LOCATION CITYORTOWN Baltimore	county State Maryland
	24 FUNERAL DIRECTOR NAME Leonard J. Ruck In		25a. DATE	REC'D. BY REGISTRAR 256 REGIST	

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or attendi

BP.

should be detoched far use as the buriol-tronsit permit. Then pleose remove carb with the Stote Dept. of Health and Mental Hygiene prior to burial, cremotion, or MAPORTANT: If them 21 is morked or them 18 shows ony injury, or other traumatic

ending physician and completely filled in by the ficarbonpapers. Pages 1 and 2 should be filed with

injury, or other traumatic event, th

of a confession of the confession of

		REGISTRAR CEASED NAME	FIRST		MIDDLE		FICATE OF DEATH	REG. N		DAY YEAR	26. HOUR
		OR PRINT)									6:25
1	2 SE			SIE K	. Kosko		OF BIRTH	6. AGE JIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
	E	emale		Caucas	1000	MONT	DAY YEAR	m	YRS.	MONTHS! DAYS	HOURS M
1	7s. BI	RTHPLACE I STATE OF	POREGN: 76.		WHAT COUNTRY?	8		9 BALTIMORE CITY O		OFDEATH	200
19		ernsvlvania		TISA		WIDOW	ED XNEVER MARRIED DIVORCED	Baltimore (Transfer.		
7		ITY OR TOWN OF DE	ATH 11	. NAME OF		IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ION		F BUSINESS
2	R	andallstown			ore County (1 Homital	Homenaker	OF WORKING LIFE	E) INDUSTRY	
Or	USU	AL RESIDENCE (IF NUF	RSING HOME OF OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
10	100	arvland	Baltim		Baltimor		YES NO TO	3626 Tookw	FG Foo		21207
20	14. FA	ATHER'S NAME FIRST Obert Kantne	MID	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
1	16a V	WAS DECEASED EVE	R IN U.S. ARME		16h SOCIAL SECU	RITY NO.	17. IN MICHAEL	T Kocko Scappe	ESS		21207
	(YES, NO OR UNKNOWN) (IF YES, GIVE V		VAR OR DATES)	166-03-3	3324	3626 Tockwoo	D. NOOND DL.	altimor	~	Marylan	
			IMMEDIATE		R AS A CONSEQUE		min of the			-:X** =	
	NO	Conditions, if any gave rise to in cause (a), statunderlying caus	y, which nmediate ing the se last.	DUE TO, O (b) DUE TO, O	R AS A CONSEQUE	ENCE OF	o of The co		DITION GIV	ER. S	
9	TIFICATION	gave rise to in cause (a), stat underlying caus	y, which nmediate ing the se last.	DUE TO, O (b) DUE TO, O (c) NDITIONS C	ONTRIBUTING TO	ENCE OF			20b. IF YES	EN IN PART 10	o NGS USED
99	ICAL CERTIFICATION	gave rise to im cause (a), state underlying cause PART 2. OTHER SIG	y, which nmediate ing the se last. GNIFICANT COI ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER)	DUE TO, CO (b) DUE TO, CO (c) NDITIONS C	ONTRIBUTING TO DESCRIPTION FOR WHICH	DEATH BU	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES	EN IN PART 10	NGS USED OF DEATH?
99	MEDICAL CERTIFICATION	gave rise to im cause (a), state underlying cause PART 2. OTHER SIG	y, which mediate ing the se last. SNIFICANT COL ATION NDERLYING () CAUSE OF DEATH DICAL EXAMINER) RRED	DUE TO, CO (b) DUE TO, O (c) NDITIONS C 19b. COND 21b. TIME C HOUR A P 21e. PLACE	ONTRIBUTING TO D	OPERATION AY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOPSY? YES NO	20b. IF YES IN CERTIE RY IN ITEM 18 P	EN IN PART 10	OGS USED
99	_	gave rise to im cause (a), statunderlying cause PART 2. OTHER SIG	y, which nmediate ing the se last. GNIFICANT COI ATION DEBLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE COR OR () (this hospital)	DUE TO, CO (b) DUE TO, CO (c) NDITIONS C 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM. EIC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFICATION TE	EN IN PART 11: , WER IND R C CAUSES ART I OR PART 2)	O'OF DEATH? NO STATE
99	_	PART 2. OTHER SIG	y, which nmediate ing the se last. GNIFICANT COI ATION DEBLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE COR OR () (this hospital)	DUE TO, CO (b) DUE TO, CO (c) NDITIONS C 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DAM OF INJURY REEL FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM. EIC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET 2nd that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFIED IN CERTIFIED IN ITEM 18 P	EN IN PART 11. WED IND ART 10. COUNTY 19 47 7 and from the	ONGS USED OF DEATH? NO STATI
999	_	gave rise to im cause (a), statunderlying cause PART 2. OTHER SIGNATE OF OPER, 216. ACCIDENT WAS UP OR CONTRIBUTING CIPETIMEN, NOTIFY MEE 21d. INJURY OCCUL WHILE AT WOR. AT W. 220.1 certify that (saw the decembers, (1) (we)	y, which nmediate ing the se last. GNIFICANT COI ATION ATION	DUE TO, CO (b) DUE TO, O (c) NDITIONS C 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DAM OF INJURY REEL FACTORY, OFFICE, F	OPERATIC AY YEAR 19 FARM.ETC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET 2nd that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFIED IN CERTIFIED IN ITEM 18 P	EN IN PART 11. WED IND ART 10. COUNTY 19 47 7 and from the	NGS OF N

23c. NAME OF CEMETERY OR CREMATORY

etained by the hospital or attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4) 8728 Liberty Road Randallstown, Maryland 21133

230 BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** Take View Memorial Park Loring Byers Funeral Directors, Inc.

236. DATE

REC'D. BY REGISTRA

23d. LOCATION CITY OR TOWN

armoll Maryland TRAR'S SIGNATURE Davidson Anders Carroll

STATE

COUNTY

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f) krine J. Rusp St. Zian d R. Baldmer Heykno				mast hadi	
delyst service of h	SOM TO SWOO	1000-00-000		00	
My-1					
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FOR

page 3

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	8	şi	4	6

	- STATE REGISTRAR		CERTIFICATE OF D	EATH	REG, NO.				
	1. DECEASED NAME FIRST THE RE	SA	KOZIERACKI	20. DATE	F OF DEATH MONTE	31 '8			
	3. SEX FEMALE	4. RACE CAU	5. DATE OF BIRTH	22 YEAR		MONTHS DA	YS HOURS MIN.		
5	BALTO MD	USA	MARRIED MEVER	MARRIED BALTI	MORE CITY OF CO	COUNTY	MD.		
0	TOWSON		AL, NURSING HOME OR OTHER INST O'Y STRIN ADDRECHARLES		JAL OCCUPATION WORK FOR MOST OF WORL VSEW/F		D OF BUSINESS OR RY		
	MD B		TY OR TOWN 13d. INSIDE C	NO.28 619	ET ADDRESS / ZIP	ST,	1224		
	FATHER'S NAME FIRST 16NATIUS	MACKE	WIAK KAT	S MAIDEN NAME FIRST THERINE	ADDRESS		1AS1		
	160 WAŠ DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SC 5. GIVE WAR OR DATES) 21.3	OCIAL SECURITY NO. 17 INFÓRMA	YT KOZIER		195.4			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI		ROXIMATE INTERVAL BEN ONSET AND DEATH						
	Canditions, if any, which		5 YEARS						
	cause (a), stating the								
4	PART 2 OTHER SIGNIFICAL								
/	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		FOR WHICH OPERATION WAS PERFO	YES			NO NO		
	00.000.000.000.00	F DEATH HOUR A.M. M	ONTH DAY YEAR	JURY OCCURRED (ENTE	R NATURE OF INJURY IN IT	EM IB PART I OR PART	7)		
	OR CONTINUOU INC CAUSE OF CAUS		TORY, OFFICE, FARM, ETC.) STREET	01	CITY OR TOWN	10 84	STATE		
		ospital) attended the decer e an	leath.	19 84 to_ (our) apinian death acc	urred on the date or	nd hour and from			
	Peter W	. Townse.	rd		CAL STAFF TOR PHYSICIAN	7-	31-84		
	Peter W	Ve Townse	22e ADDRES	-6701 N.	CHARLES	ST.			
	230. BURIAL, CREMATION, REMO	VAL 23b. DATE	230 NAME OF CEMETERY OR	CREMATORY 23d L	OCATION	COUNTY	. 61416		

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages Land 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

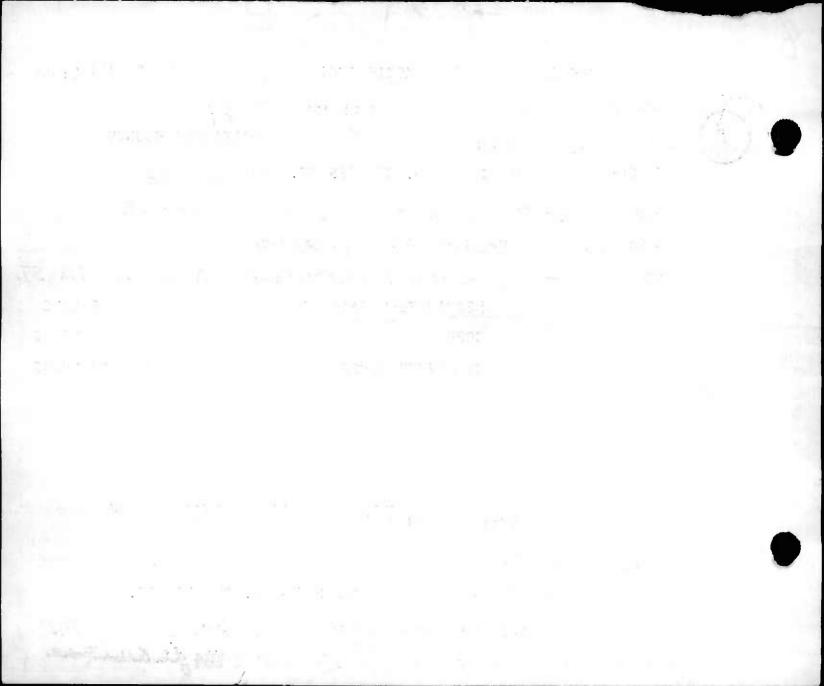
etained by the hospital ar ottending physician.

edicol

21 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

ALIG 2 1984 Sulia Deviden Romans



requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 4	18147
		CEASED NAME (TEORG	MIDDLE A. A	CREBS	20 DATE OF DEATH	MONTH DAY YEAR 16 HOUR 1.3PM
	3. SE	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR OH OS 86	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
to T2 to	В	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	NTY Batto MD.
15	B	ACT MURE	BACIMORE COL	INTY GEN HOP.	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
should be a should	130. 5	AL RESIDENCE (IE NURSING HOME OR STATE 136 COUN Ca	rroll Hampst	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CADE 89 B. AUGUST
completely filled s 1 and 2 shares		Spencer c	. Krebs MED FORCES? 166 SOCIAL SECU	Emma C	ooper ADDRE	LAST ZUONY
rs. Page	NÓ		/E WAR OR DATES)	-1611 George F.	Krebs Augu	Sta, W Va
signed by the ottendin hen please remave cark to burial, cremation, or ijury, or other traumatic	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	IRATION INEU	MON(A,	DITION GIVEN IN PART 110
t permit. Tiene prior t	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
certificate vrial-transit ental Hygi ltem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS PART I OR PART 2)
After this se as the burnelith and Mi	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, E	at the law	CITY OR TOW	YN COUNTY STATE
of for use		saw the deceased alive an abave, (1) (we) (did) (did no	ital) attended the deceased from_ 1219 at) view the bady alter death.		death occurred on the da	te and hour and from the couses stated
TO FUNERAL DIRECTOR: After this certificate I should be detached for use as the burial-stransit with the State Dept. of Health and Mental Hygie IMPORTANT: If them 21 is marked or them 18 sho		22b. SGNATURE 22d PHYSICIAN'S NAME (TYPE O	Lakhan.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
should be de with the Stote	220 (TAINEEM	LAKHAM	5401, OL	D COURT	Ro RAMACSTONIN
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR		rave Run Cemete	ry Hampst	ead Balto. Co. Md.
16 50M 4/83 A (5, 4)		Eline Funera	1 Home Hamps	tead, Md. 21 14	1 3 1984	"is Davidson-Randsee

DHMH - 16 50M (VRA (5, 4)

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FOR

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CTATE OF MARYLAND DEPARTMEN

STATE OF MAKILAND	COR	
NT OF HEALTH AND MENTAL HYGIENE	Ö	
CENTIFICATE OF BEATH		

CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST 7a. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 22 Emma. S. Kress 84 IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Female White 76 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County Maryland DIVORCED | WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Wm. Deitzis Co. ookkeeper USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY more 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Haryland NO F 6907 Old Harford Rd. 21234 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE Scribner Shipley Herbert mma ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) Lillian C. Erdman 2906D Kings Ridge Rd. 218-07-0804 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per ling for ja), this and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET STATE NOT WHILE 220.1 kertify that (1) (the hospital) attended the deceased from aw the deceased alive on. and that in (my) (and opinion death accurred on the date and have and from the causes stated above, (1) (westerial) (did not) view the body after death. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS (668-7030) Marion Kowalewski, MD 8604 Harford Rd. 230. BURIAL, CREMATION, REMOVAL 236, DATE 7-26-84 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIRECTOR

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CRITANT

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ASSAHN FUNERAL HOME

24 FUNERAL DIRECTOR

140 DELAIR RO. JISA REGISTRAR 29 REGISTRARISSIGNATURE BALTO. MD 21236

Parkwood Cemetery

Guna Davidson-Monda

CHY OR TOWN Baltimoren Maryland

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FOR STATE REGISTRAR			NE 8	REG. 1	NO.		
. DECEASED NAME	FIRST	MIDDLE	LAST	a DATE OF	DEATH	MONTH	DA
ANNA ANNA		E.	KRUTSCH			7	13

	1 -	STATE REGISTRAR		DEFARIA	CERTIF	CERTIFICATE OF DEATH				
	DECEASED NAME FIRST MIDDLE ANNA E.				KRUTSCH			7	13 84	1:55P .M
	3 SEX	FEMALE	4. RACE WHIT	E	5 DATE O	12 10 98	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY	
)		RTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore	U.S.		MARRIE		9 BALTIMORE CITY BALTIMO			MD.
	BA	ALTIMORE Co.,	(IF NOT IN SUC MERIDIA	N NRSG.	CTR	HERITAGE	120 USUAL OCCUP, (TYPE OF WORK FOR MO: NURSING CE	T OF WORKIN	GLIFE) INDUSTR	OF BUSINESS OR ING CTR.
1	130 S	AL RESIDENCE I F NURSING HOME OF STATE 136 COUR ARYLAND		BALTIMO	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRES 520 S. R		St., 212	24
7	1	William	MIDDLE	Korsch		Elizabet	h MIDDLE		Koeh	îler
2		VAS DECEASED EVER IN U.S. AR (ES_NO_OR UNKNOWN) (IF YES. GIV	MED FORCES?	216-01-5		Lillian Eng		ORESS	Montfor	d Ave 224
		Conditions, if ony, which gove rise to immediate cause (b), stating the underlying couse lost	(b)		NCE OF		C.V.	D	GIVEN IN DART	years years
	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES	INGS USED
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	NJURY IN ITEM	18 PART 1 OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		220. f certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	1/1	3 10 /	8 + , or	nd that in (my) (our) opinion	death occurred on the	dote and l	hour and from th	, that (I) (we) last e causes stated
		22b. SIGNATURE 6.	Gera	aun	J.		MEDICAL ST DIRECTOR PHY	TAFF SICIAN []	7/2 DAT	ESIGNED
		22d. PHYSICIAN'S NAME (TYPE O	PRINT) /ENEO	RACION	JEM	270 ADDRESS 2 3401	Dunda	IKA	ve Bo	elford un

230 NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING Pretained by the hospital or atten

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicil should be detached for use as the buriol-transit permit. Then please remove corbonpapers with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval.

marked ar Item 18 shows any injury, or other troumatic event, i

IMPORTANT. If Item 21 is

230 BURIAL, CREMATION, REMOVAL

Buria1

16 Oak Lawn Cemetery

23b. DATE

July.

1984

23d LOCATION Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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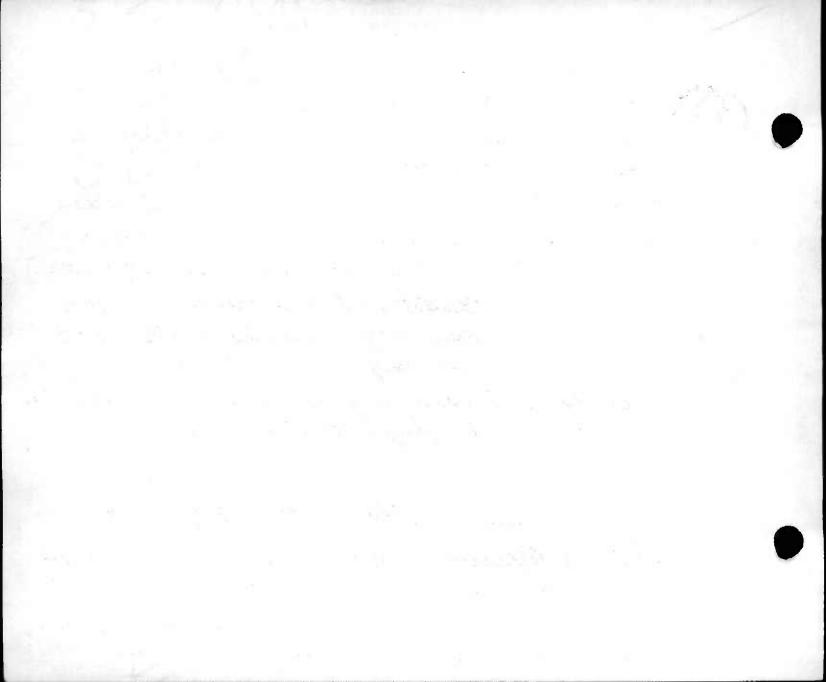
	REGISTRAR		CEITTI	TEATE OF PEATE	REG. NO.	
	PECEASED NAME FIRST ANTOINE	ETTE N.	LAMBR	ROS	July 1, 1984	DAY YEAR 2b HOUR
3. 8	Female	White	5. DATE O	e 11 ^A , 1916	6 AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUP	WIDOWE		_ Dartinore Co	
	CITY OR TOWN OF DEATH Ruxton	11. NAME OF HOSPITAL, N (IF NOTINGE HEALITY SYLE)	wind Roa		170 USUAL OCCUPATION 1Homemaker of working	17b. KIND OF BUSINESS OR INDUSTRY
130	UAL RESIDENCE (IF NURSING HOME OF STATE aryland 13b, COU Bal	ROTHER INSTITUTION GIVE RESIDENCE TO RUXCO		13d. INSIDE CITY LIMITS? YES	305 Southwind	Road 21204
	Frank P.		deo, Sr.	15. MOTHER'S MAIDEN N	WIDDLE	amartina
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GP	VE WAR OR DATEST	1 SECURITY NO. 40-7171	Nicholas G.	Lambros 305 Sout	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF MUNEY		arkinoma oma possible	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1981
CERTIFICATION		y a chalter 1 19b. CONDITION FOR V Cardio Cardio Ca	MA PLS WHICH PERATION Phoses	icandeal+ N yas performed + L obstruction	IN CERT	ES, WERE INDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	ZII. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a Certify that (II (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	1170	_19 <u>_87</u> , on	nd that in (my) (our) opinion	on deoth occurred on the date and ha	, 19 , that (I) (we) lost our and from the causes stoted 22c. DAJE SIGNED
	Samuel .	Morrison PRINTI	, M	ATTENDING PHYSICIAN		1/2/84
L		rison, M.D.	In			
730	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATOR kwood	Y 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Marylan JUL 3 1984



FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH			
1. DECEASED NAME (TYPE OR PRINT) Kati	RST MIDDLE	LAMBROSE	JULY 25 , 1		
FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 192/	6. AGE (IN YEARS LAST BIRTHDAY)		
7a. BIRTHPLACE (STATE OR FOREI	GN 76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY		

2b. HOUR 984 8:09 IF UNDER TYEAR # UNDER 24 HRS OF DEATH BALTIMORE COUNTY WIDOWED DIVORCED M MD 12s USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROSSVILLE FRANKLIN SQUARE HSWE ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI BALTO 3g. STATE 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? DUNDALK PARKHAVEN RD. 8153 NO X FATHER'S NAME LAST PAPPAS RTE RGETTA ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) 8153 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE to MASSIVE STROKE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES [21b. TIME OF INJURY 218. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF ETTHER NOTIFY MEDICAL EXAMINER 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this hospital) attended the deceased from sow the deceased alive on JULY 25 19

sow the deceased alive on and that in (our) opinion death occurred on the date and hour and from the causes stated obove, (we) (did) (d 226. SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

FRANKLIN SOUARE 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL

(SPEC WY) GREEK CEM. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

CITY OF TOWN

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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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17. Sancit a Sans F. R. P. C. Hartty, Mr. 20281

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should be detached for use as the burial-transit permit. Then pleas with the State Dept, of Health and Mental Hygiene prior to burial,

MPORTANT: If Item 21 is marked or Item 18 shows any

MEDICAL CER

AT WORK

After this certificate has been signed

OR ATTENDING PHYSICIAN: The lo attending physician

O HOSPITAL

BP

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARI	CERTIFICATE OF DEATH	REG. NO.		
7.	LAYNIAN	20. DATE OF DEATH MONTH	DAY YEAR 22 84	10:30 PM
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
iAN	MONTH DAY YEAR	80 YRS	MONTHS DAYS	HOURS MIN.

	SET ADDRESS) / (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	MOURS MIN. WHY MD. OF BUSINESS OR
BIRTHPLACE (STATE OR FORD COUNTRY) CITY OR TOWN OF DEATH DWSON UAL RESIDENCE HE NURSING	Y? 8. MARRIED NEVER MARRIED NORCED N	MOURS MIN. WHY MD. OF BUSINESS OR
CITY OR TOWN OF DEATH TOWSON UAL RESIDENCE (IF NURSING	MARRIED NEVER MARRIED BALTO COULD BALTO COULD BALTO COULD BALTO COULD BALTO COULD BE ADDRESS (179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
TOWSON UAL RESIDENCE HE MURSING	SET ADDRESS) / (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
	75 7 105 070 0 1021 741 11414	ard Pratt
mD 13	ORE ADMISSION) 13d. INSIDE ATY LIMITS? 13e STREET ADDRESS / ZIP CODE 47/3 YORK Rd Apt 2	/21212
FATHER'S NAME FIRST Ray	r Lena	ST
WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	ADDRESS Meylert Layman 6713 York Rd.Bal.Mc	1. 21212
18 CAUSE OF DEATH IN PART I. DEATH WAS IN Canditions, if only, we gave rise to immediately stating underlying a stating underlying and stating underlying un	and (c).)	XIMATE INTÉRVAL ONSEI AND DEATH
underlying coose	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. CH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE FIND!	INGS USED
gave rise to immed	DUENCE OF O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	

YES NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death accurred an the date and haur and fram the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

22b. SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

22e ADDRESS KARPERS

BACTE, MI 107 PROFESSIONAL MARS BLDG. 2120

234. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial July 26,1984 Terrytown Cemetery

Terrytown Bradford Co.Pa.

STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR: etained by the haspital

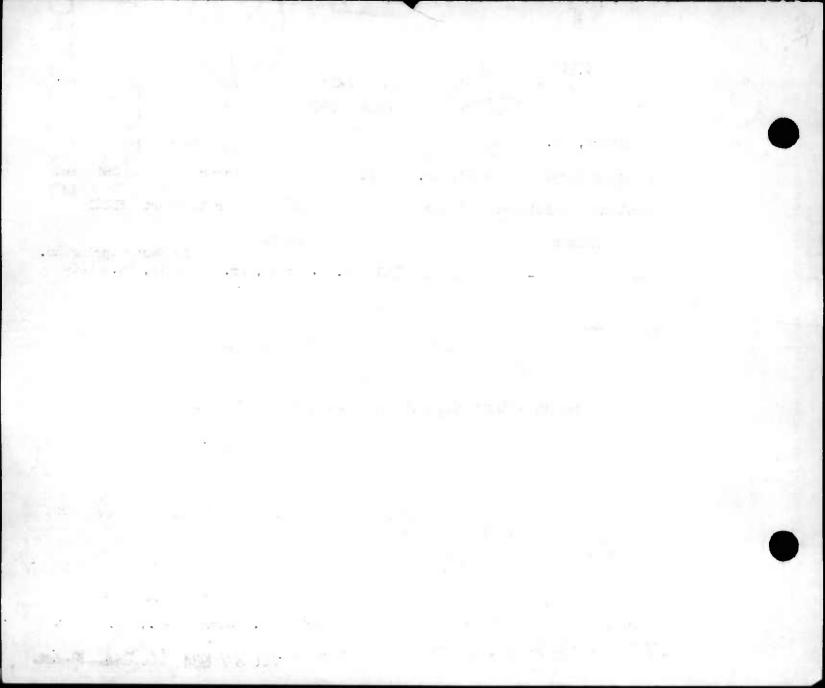
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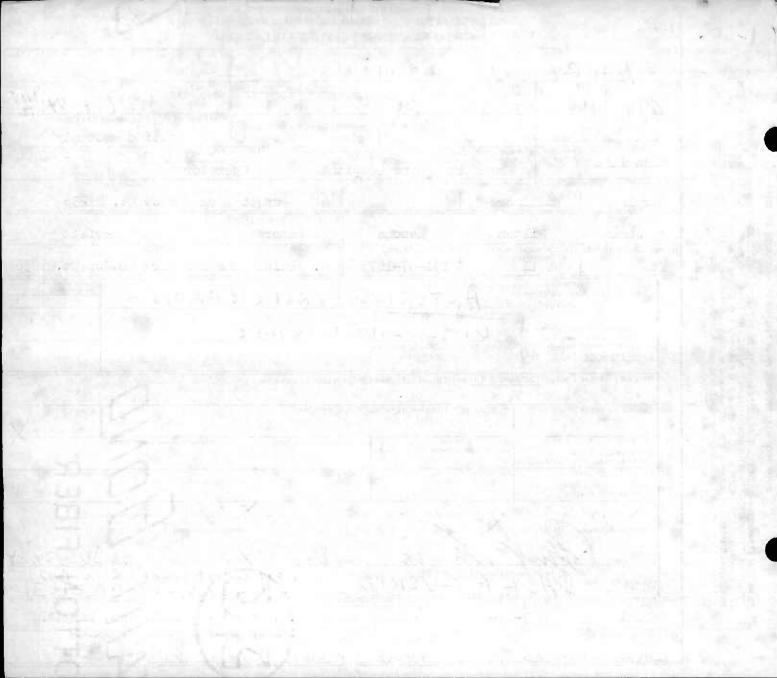
230 DATE REC'D. BY REGISTRAR 20 REGISTRARY SIGNAL AND LONG TO THE TOTAL PROPERTY OF THE PROPER Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.21

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(VRA 15, 4)

				STATE OF MARTLAND	20 20	8 1 3 4
	- 1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O	0 1 9 1
	- 1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 126 HOUR
1 500		TYPE OR PRINT) William		Leaph SR.	11 05 1004	10:45p _M
2 8.5	ļ.,	Will	an A.	1000	July 25, 1984	
1 1 1	3.	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1 11/		Male	White	June 3 1900 ***	84 YRS	
A OF W	2.17	BIRTHPLACE (STATE OF FOREIGN	16. CITIZEN OF WHAT COUNTRY?	MARRIED AND NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
death year	2	Baltimore, Md.	USA	WIDOWED DIVORCED	Baltimore Count	
1 23 2	7/	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION I PPE OF WORK FOR MOST OF WORKING LIFE Laborer	126 KIND OF BUSINESS OR
1 19 3	7	Rossville 21237	Franklin Sq.	Hospital	Laborer	Shipyard
9 5 2 20	10	SUAL RESIDENCE (IF NURSING HOME OF Ba. STATE 13b COUN			Lia- STREET ADDRESS / 718 CODE	
In 24 h	0		imore Ischiyoriow	YES NO	13e STREET ADDRESS CZIP CODE	21221
7 7 6	10 11	FATHER'S NAME	23.00	15. MOTHER'S MAIDEN NA	AME	
mplete		FIRST	MIDDLE LAST	"Unknot		LAST
- 0	10	Unknown	MED FORCES? 166 SOCIAL SECU		AND THE POLICE OF THE POLICE O	r Spring Rd.
Pages medica	/- I"	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	C IVIAN OR DATES			Md. 21004
0	/ L	(YES, NO OR UNKNOWN) (IF YES, GIV	212 14	9191 Wm. R. Leac	n, Jr. belair,	
physicia appopers emoval.		18 CAUSE OF DEATH (Enter or	ily one couse per line for (a), (b), or	nd (cv.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ifice phy mov mov		PART I. DEATH WAS CAUSE		c Arrest		
	- 1	IMMEDIA				
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that the d by the ease rem al, crema	- 1	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
s that the death ce ed by the attending lease remave carb rial, cremation, or a or other troumatic			(c)			
n signe Then p to bur injury, i	- I.,			DEATH BUT NOT RELATED TO THE TERM		EN IN PART TO
		Coronar 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	v Artery Disease	; Chronic Pulmonar	y Disease	
bee prio any	1	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
he le	$\times 1$					S NO
ysic cote	7	21a. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
PHYSICIAN: T ending physici this certificate ne burial-tronsi and Mental Hygi		OR CONTRIBUTED CALLET OF DE				
HYSIC Iding Ins cell Ins cell Men		(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
수 등 수 등 수		WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
OR ATTENDING Pe haspital or atter DIRECTOR. After thatched for use as the Dept of Health and fitter 21 is marked		AT WORK AT WORK		3 3 05 04	11 25	- OA - V
Z S S S S S S S S S S S S S S S S S S S			tal) attended the deceased from_	July 25 v 19 84	toUIIV_25	1984, that X (we) lost
Spirit Spirit Of 1 Of 1		sow the deceased alive on above, X (we) (did) (d X	view the body after death.	84, and that in (My) (our) opinion	death occurred on the date and hou	ond from the causes stated
ho ho ho ho he hed		27k SIGNATURE	0110	DEGREE		224. DATE SIGNED
the the tent		Win .	11/11/	ATTENDING PHYSICIAN [MEDICAL STAFF □ DIRECTOR □ PHYSICIAN □	1126/44
HOSPITAL FUNERAL FUNE Bed det h the Stote		THE PHYSICIAN'S NAME THE	OK CRIINI J	22e ADDRESS		10000
O HOSI	- 1	5.100	2/1/1/2	2000 51	.14. Causas Da	21227
TO HOSPITAL Oretained by the TO FUNERAL D should be detact with the Stote D IMPORTANT: If	-	1 Jugan	2 W. 1619	NAME OF CEMETERY OF CREMATORY	clin Square Dr.,	L1231
	12	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY IKE View Memorial P	k. Carroll Co.	MOUNTY STATE
BP	1		1/20/04 Da			
DHMH - 16 50M 4/83	1	THE PROPERTY OF	deopernon	25a. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE





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"TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c be should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages

should be detached for use as the burial-transit permit. Then please remove carban popel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or Item 18 shows any injury, or ather troumatic event, th

IMPORTANT: If Hem 21 is

COUNTRY) MARRIED NEVER MARRIED AT TIM	7/27/84 5:15Pm
1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAS MALE WHITE MARCH 5, 1924 60 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CIT	T BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE MARCH 5, 1924 60 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CIT	MONTHS DAYS HOURS MIN.
COUNTRY) MARRIED NEVER MARRIED DATE TAM	YRS.
MADVIAND IISA JUDOUED DIOPERD TO BALLIM	Y OR COUNTY OF DEATH
MARY LAND USA WIDOWED DIVORCED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUP	ORE COUNTY MD.
TOWSON GBMC 6701 N CHARLES ST PATENT EX	OST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 131. CITY OR TOWN CLEARWATER 130. INSIDE CITY LIMITS? 1849B BO	
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND MIDDLE LAST FIRST MIDDLE	E LAST
JOSEPH LEVY ROSE	GOLDBERG
(YES NOOR UNKNOWN) LIPYES GIVE WAR OR DATES)	DRESS # 20910
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	8/8 SILVER SALAGE, MO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSE (a) RESPIRATORY FAILURE	10 MIN
Conditions, if any, which () DUE TO, OR AS A CONSEQUENCE OF HIC LATERIAL SCLERO	SIS 1 YEAR
gove rise to immediate	SIS I TEAN
ouse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PNEUMON I A	5 DAYS
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 110
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO	
	NUNT IN TEM TO PART TORPART 2
21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	DRIOWN COUNTY STATE
AT WORK AI WORK	1 7 27 81.
27a Learnify that (1) (this haspital) attended the deceased from 30LY 23 19 34 to 30 sow the deceased alive on 30LY 27 19 84 , and that in (my) (aur) apinion death occurred on the	that (I) (we) lost
obove, (I) (we) (did) (did not) view the body ofter death. 27b SIGNATURE DEGREE	22c. DATE SIGNED
	STAFF 1/22/21
224 PLYSICIAN'S NAME (TYPE OR PRINT) 22€ ADDRESS	
DR. E. LOBATO GBMC	
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	
	LIS ANNE ARUNDEL MD
6010 REISTERSTOWN RD., BALTO., MD 21215	RARIST REGISTRAN'S SIGNIFURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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1.	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	GIENE 8 4	0	8 :	
	CEASED NAME	FIRST	MIDDLE	l	AST	2a DATE OF DEATH	MONTH DAY	YEAR 2b 1	HOUR
(TITE)	E	dward Car	rlyle Le	wis		July 2	5, 1984		M
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR IF U	NDER 24 HRS
	Male	Whi			. 27°1921 YEAR	62	YRS.	THS DAYS HOL	JRS MIN.
	eyton, Pa.		OF WHAT COUNTRY	/? 8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C	ore Cou		MD
10. C	ITY OR TOWN OF DEA		OF HOSPITAL, NURS IN SUCH FACILITY GIVE STRE Martin R	ING HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPAT (Type of work for most of Welder	ION	12b. KIND OF BU	SINESS OR
13a .	AL RESIDENCE LIF NURS STATE Varyland	136 COUNTY Baltimore	13, CITY OF TO		13d. INSIDE CITY LIMITS? YES NO 🌁	13e STREET ADDRESS 802 Mar	tin Rd.	Pr 21221	oduct
14. F	ATHER'S NAME FIRST Davi	id A.	Lewis		15 MOTHER'S MAIDEN NA	A. Bussar	d	LAST	
16a \	WAS DECEASED EVER	IN U.S. ARMED FORC			Elizabeth O.	Lewis, Wife		Same	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cous (AS CAUSED BY) IMMEDIATE CAUSE (6	D M	and (c)	del Inf	metri	•	APPROXIMATE BETWEENONSET	AND DEATH
	Canditions, if ony, gove rise to imm cause (a), stofin underlying couse	, which nediote g the DUE To	D, OR AS A CONSEQ	UENCE OF	enti He	A Dise	n	27	^
NO	PART 2. OTHER SIGN	NIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1/o	
CERTIFICATION	19a DATE OF OPERAT	TION 196 C	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		VERE FINDINGS (
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH HOU	ME OF INJURY R.A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	(AT HO	ACE OF INJURY ME, STREET FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the decease obove, (1) (we) (1)	(this hospital) attended ad alive on ad this pat view the l	19	84,00	nd that in (my) (earl-opinion	to deoth occurred on the o	, 19, ate and hour on		es stoted
	17h SIGNATORE	40 In	de 2	いり	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		122 DATE SIGN	7/24
	Robert I	yden. M.b.			6402 Golden	Ring Rd. Ba	alto Md	212	37

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carbompapers with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal. BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

injury, or other traumatic

IMPORTANT: If Item 21 is marked

23a. BURIAL, CREMATION, REMOVAL

Furial

6402 Golden Ring Rd. Balto Md.

21237

136 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Holly Hill Memorial Gardens 1997 7/28/84 Baltimore Co., Md. STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 2 7 1984 July Devidson Rondon Funeral Home PA 1407 Old Eastern Ave

science () become the Cold (SSIS annual gith class of december 125 22 22 22 200 removed and continued to the first of the surface o

DHMH

		FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. N	0. 181 MONTH DAY VE	58
		EASED NAME FIRST	R+HA EL	SIE LINDEMEYR	2a. DATE OF DEATH		26 HOUR 5 5
1)	. SEX	771 /1	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER T	YEAR IF UNDER 24 HR
		F	W	12 - 24 - 10	73	3 YRS	
25 Policy 27 Policy 25 Pol		THPLACE ISTATE OR FOREIGN DUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTS	WIDOWED DIVORCED	BALTIMORE CITY OF	MORE	COUNTY
Dorth with	O CIT	SALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR OLD CUZLR		17a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF SALES	OF WORKING LIFE) INDUS	IND OF BUSINESS O STRY
	13a. S1	ATE 13b COUN	TY 13c. CITY OR TO	DWN 13d. INSIDE CITY LIMITS? -ERStewkyes NO (2)	13e STREET ADDRESS	ZIP CODE CA DEMY	AVE.
and 2 sh	4 FAT	ROPERT	MIDDLE LAST	P IS. MOTHER'S MAIDEN NA PIRST PTH	MIDDLE	B	UCKEL
			MED FORCES? 166 SOCIAL SE E WAR OR DATES) 2/8-/4	CURITY NO. 17 INFORMANT	WIENEYN	Dan DALK	MD. 21
nave carban papers stion, ar remaval. raumatic event, the		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gove rise to immediate	by one cause per line factor, (b) D BY: E CAUSE (a) DUE TO, OR AS A CONSECTION.	astatic Occust	Carcinon	la BETY	PPROXIMATE INTERVAL WEEN ONSE! AND DEATH
Then please rer in ta burial, crem injury, ar ather	NOI		DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTIO	OUENCE OF			
ows any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
10 E 4	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INSI	IRY IN ITEM 18 PART I OR PA	ART 2)
h and Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUN	STATE
of Health		220 I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did no		m Sch 12 , 19 Spinion , 19 Spinion	death occurred on the d	ote and have and fram	m the causes stated
detached ate Dept T. If Item		776. SIGNATURE	Datal	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	61	PLESIGNED
shauld be de with the Stat		DANIEL	BAKAL	600 Reister	stown Rd.	Balto. Mo	d. 21208
₹ 3 <u>₹</u>		URIAL, CREMATION, REMOVAL SPECIFY) BIRRIAL	736. DATE 7. 1984 .	ARRAINE PARK CE	23d LOCATION CUY OR TOWN WOODLA	www BALL	TIMORE
OM 4/83	P FU	NERAL DIRECTOR	A ECKHA	I WENT -	JE REC'D BY REGISTRAN		

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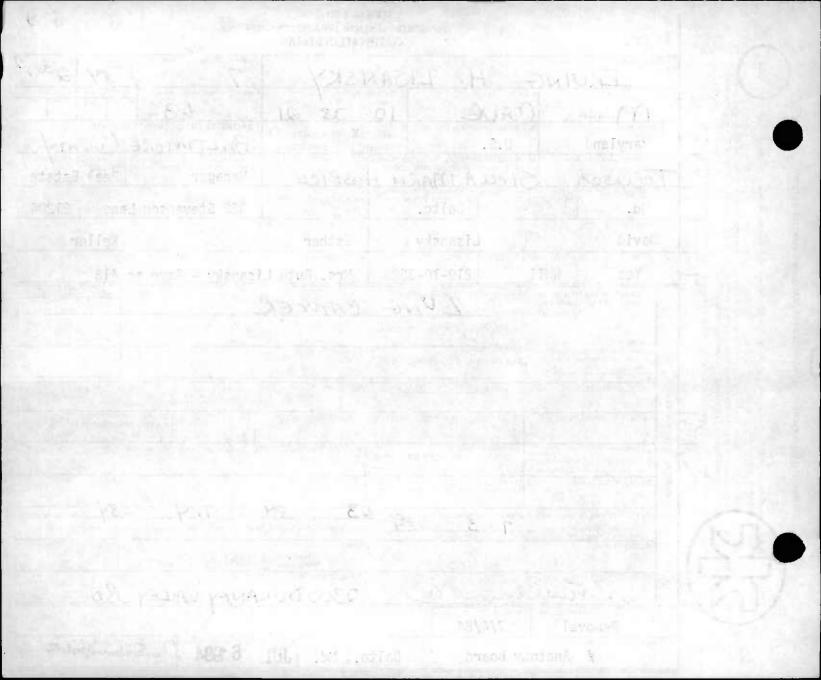
executed within 24 hours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/82

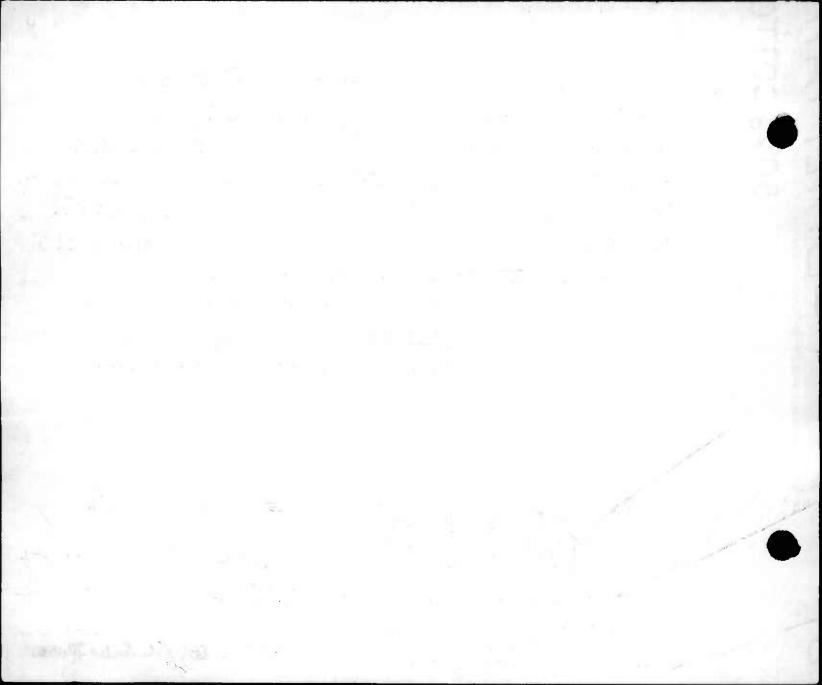
(VRA 15, 4)

	1	REGISTRAR				FICATE OF DEATH	REG. NO		
	1. DEC	CEASED NAME OR PRINT) TRU	ING	- H.	LISAI	VSKY	26. DATE OF DEATH	MONTH DAY YE	2b. HOU
10	3. SEX	m		PAUC	5. DATE O			3 YRS. MONTHS D	AYS HOURS
22	(Maryland		U.S.	MARRIE		BALTIN		YTHU
	7	OWSOA	<	HOLLA C	DARIS +	OR OTHER INSTITUTION	126 USUAL OCCUPATION OF WORK FOR MOST OF Manager		TRY Esta
			136 COUNTY	TER INSTITUTION GIVE RESIDE	OR TOWN		332 Steve	nson Lane	212
30		David	MIDI	Lisa	nsky	IS. MOTHER'S MAIDEN NAM	WIDDLE	Ke1	Ter
		VAS DECEASED EVER I YES. NO OR UNKNOWN) YES		AP OR DATES!	-10-3528	Mrs. Ruth L	isansky - S		
3000			IMMEDIATE C	DUE TO, OR AS A CO	ONSEQUENCE OF	CANCER			
and the state of t	rion	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which nediote g the lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	I NOT RELATED TO THE TERMI	nal disease or coni		
Constitution of the property o	TIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which nediote g the lost.	DUE TO, OR AS A CO	ONSEQUENCE OF			20b. IF YES, WERE FII	NDINGS USED
m mony, or orner moonding	CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which nediote g the lost. INFICANT CON BERLYING CAUSE OF DEATH	DUE TO, OR AS A CO	ONSEQUENCE OF ONSEQUENCE OF TING TO DEATH BUT R WHICH OPERATIO	I NOT RELATED TO THE TERMI ON WAS PERFORMED 21c HOW INJURY OCCURR	NAL DISEASE OR CONI 206 AUTOPSY? YES NO	206. IF YES, WERE FILL IN CERTIFYING CALL	NDINGS USED ISES OF DEAT NO
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AND 21201
MARY
BALTIMORE,
PRESTON ST.,
01 W.
SION OF VITAL RECORDS, 2
DIVIS

	1 -	for 8/9/84 jp state registrar		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 6 0
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
be 3	(TYPI	ORPRINT) HERRY		LITAKSR	July 13 19	84 M
may pag	3. SE	х ,	4 RACE	5. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
s offi	C	1913	WHITS	MONTH DAY YEAR	YRS	NIHS DAYS HOURS MIN.
Pagin Pagin		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	PEATH
death.	no	ORTH CA	U.S.A.	WIDOWED DIVORCED	BALT MORE CO	UNTY MD.
by the funeral director, page 3 may be by the funeral director, page 3 method within 72 hours after death (antijed at after	100	RY LLS	11. NAME OF HOSPITAL, NURSIN	ADDRESSI		126. KIND OF BUSINESS OR INDUSTRY
1 5 50 1	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE SEFOR	E ADMISSION)	Lin STREET ADDRESS / 710 CODE	212:4
大 語 影	(2)	ARYLAND RATT	TARE TAREVIL	YN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	OS DRIVS
直原計 201	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	1.467
1 (E)V	1	55 ROY	LITAKSR	WILME	BLC	ktijs 102R
and and a	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
a La E	4	25 10-1		1556 FAMILY	KSCORDS	
that the death certificate by the attending physical lease remove carbo marginal, cremation, or removal. or ather traumatic event, the		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), or D BY: E CAUSE (a)	DIO MYORAT	174, ISCIAXAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the death ce the attending remave carb emation, ar i		Conditions, if ony, which gove rise to immediate cause (a), stating the)			7705
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equires n signe Then p tabury, injury,	NO NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVEN	IN PART IIo
The law recision. The has been ast permit. Tlygiene prior the shaws any in	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VES VES	VERE FINDINGS USED NG CAUSES OF DEATH?
HYSICIAN: The ding physicial physicial is certificate bundi-transit Mental Hygie ar Henri 8 sha	CER	210. ACCIDENT WAS UNDERLYING	T TIME A ALL STOCKTON OF		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
HYSICIAN iding ph is certifii bural-tr Mental I	CAL	OR CONTRIBUTING CAUSE OF DEA	III	19		
ING PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) 211 LOCATION SIREET 2	CITY OR TOWN	COUNTY STATE
or or of the alth		278 L certify that	fall attended the decrayed from.	F 15 8 10	Jul 19	that (I) (w/) lost
TENDING optal or o TOR: Aft for use as of Health		saw the decessed plive on	1 N & - S + 103	ond that in (my) (gar) opinion	death accurred on the date and hour or	,
		278 SIGNATURE	of the body often efforts.	DEGREE		22c. DATE SIGNED
HOSPITAL OR ATTEN HORBY THE hospital FUNERAL DIRECTOR. UID be detached for us with State Dept. of He RIANT: If Hem 21 is		INV	1 UD Sent	ATTENDING PHYSICIAN [MEDICAL STAFF	7-16-84
HOSPITAL Inned by th FUNERAL VII be det by the State North The State		224 PHYSICIAN'S NAME (TYPE C	PRINT)	22e ADDRESS		
		DR-RiCHARD	D. 8,665.JI	2. 7600 OS	ISR DRIVS - TOI	HOGE nozu
0 5 0 4 3 K		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		(SPECIFY) RSCIATION	7/17/84	RSSO MOUNT	BALTIMORE	MARYLACO
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	ADDRESS	8800 DAT	E REC'D BY RECUELLABORE OF CHARA	SIGNATURE
(VRA 15, 4)	8	VARS CHAPSLOF	1200RSS HA	REGRO ROGO	ar a o son Junear	Manage - Alvabrage



STATE OF MARYLAND

REG. N	10.				
DEATH.	MONTH	DAY	YEAR	2b. HOUR	Т

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1	FOR	DEPARTMENT	OF HEALTH AND MENTAL HY	SIENE O "		0
11.	STATE		TIFICATE OF DEATH			
	REGISTRAR	CER	TIFICATE OF DEATH	REG. NO).	
1 DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
	OR PRINT	2	- 1		0 .0-	and a ship
	Anna.	R LIZAF	owsto.	Jak	18 1984	9-25 W
			77 00	11		///
3. SE	X 4. R		ATE OF BIRTH	A AGE IN YOUR LAST BAT		
	Fo la	1.)	AONTH DAY YEAR	00)	MONTHS DAYS	HOURS MIN.
	1 emale	ω	0 7 02	01	YRS	
70. B	IRTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.		9. BALTIMORE CITY O	R COUNTY OF DEATH	0.
1	COUNTRY)	U.S. P. MA	RRIED NEVER MARRIED	Pal		11 1
	Makuland		OWED DIVORCED	1) 116	TIMORE	(no so no
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-		(IF NOT IN SUCH FACILITY, GOVE STREET ADDRESS		TYPE OF WORK FOR MOST OF		
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	STATE 136 COUNTY	IER INSTITUTION, GIVE RESIDENCE BEFORE AUMISS	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	11224
1	00 /	THE CHILD WILL	4.4	220 01	Zii CODE	
	latuland -	Putiano		1229 11.1.4	BEI-DEN MI	chu
14. E/	ATHER'S NAME		15. MOTHER'S MAIDEN NA			
IT	FIRST MIDE	DLE , JAST	FIRS1	MIDDLE	1 1 1	\S1
1. 1	nsahh -	LIISakovsk	1 Louise	-	21010	
160 \	WAS DECEASED EVER IN U.S. ARMED	FORCES 166 SOCIAL SECURITY N	IO. 17. INFORMANT	ADDRE	SS	
	YES, NO OR BINKNOWN) I (IF YES, GIVE WA					
	Mn -	316-09-26	20 h			
	7110	101/0 04 36	TAT		T ABBUTA	VILLA SEE INSTRUMENT
	18 CAUSE OF DEATH (Enter only o	one couse per line for 101, by and 101.1		,	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS CAUSED B		VIEM JE	neorrhage		
	IMMEDIATE C	AUSE (a)		/ -		
		DUE TO, OR AS A CONSEQUENCE O	DF .			
	Conditions, if any, which	(b)				
	gove rise to immediate					
	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF			
	underlying cause last.	(c)				
_	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	10
CERTIFICATION						
4 6	TA DAYE OF OREDATION	196 CONDITION FOR WHICH OPER	ATION WAS BEREORATED	20a AUTOPSY?	206 IF YES, WERE FIND	INICCUSED
13	190 DATE OF OPERATION	198 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOFST:	IN CERTIFYING CAUSE	
正	March and the Control of the Control			YES T NOT	YES [NO []
1 2						110
U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	TY IN ITEM IS PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY Y	EAR			
CAL	LIF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
ĕ	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION			
MEDI		(AT HOME STREET, FACTORY, OFFICE, FARM ET		CITY OR LO	WN COUNTY	STATE
1 <	MHILE NOT WHILE AT WORK		7	,		
			-/1-7 5/1	7/15	2	
	22a I certify that (this haspital)	attended the deceased from	7/1/ 1984	, to	190	, that 🦀 (we) last
	saw the deceased alive an	7/18 1984	_, and that in (max) (our) opinion	death occurred on the de	ate and hour and from the	e couses stated
	obove, (# (we) did) (didnot) vi	iew the body ofter death.	=; 0.10 /1.01 /1.7/			
	1226 SIGNATURE	V/ //	DEGREE		77r. DATE	ESIGNED
1	1/10	16200 6 11 d	ATTENDING	MEDICAL STAF		0/01
1	Xester 4.	rall & M.D	PHYSICIAN	DIRECTOR PHYSIC	IAN P	0/04
-	224 PHYSICIAN'S NAME (TYPE OR PR		22e. ADDRESS	2	-	1
			ILE. ADDRESS	1- 11.		, ,
	LESTER A.	WALLURMA	762011	VK Kd /	BWSon ML	2/204
	7-0.2.6		16.000	1/1	- 50	
23 g.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION		
	-Acres		77 /	CITY OR TOWN	COUNTY	STATE
	(PPULIFY)					
1	Durial	7-21-84 Holy	Kedeemel.	[Paltim	ore - /	Ild'
74 E	OUP (a)	7-21-84 16/4	Kedeemel.	TE REC'D. BY REGISTRAP	75h REGISTRAP'S SIGNA	TURB
24 F	UNERAL DIRECTOR	7-21-84 Holy	Redeemel.	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURBONSESS.
24 F	UNERAL DIRECTOR	7-21-84 Holy	Redeemel. 250 DA	TE REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGNA	Turpendess.

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician

impletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours after death

may be

death. Page

(VRA 15, 4)

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THE PARTY OF THE PARTY. the second control of the second seco when the Merin than the territories with 20 cm from the remove corbonpapers. Pages 1 and 2 should be filed w

attending physicion

injury, ar ather traumatic event, the

shauld be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If Item 21 is marked of them

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEPARTM		ICATE OF DEATH	GIENE O	REG. N	0.			j
	CEASED NAME OR PRINT	ESTE		M .	L	LO LLOYD	20. DATE C	OF DEATH	MONTH 7	8 / 84	4:35	A.
3. SE	(4. F	ACE		S. DATE (6. AGE III	YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 H	IRS
10	Female		White	е	Jun	e 30, 1904	8	0	YRS.		NOOKS III	,,,,,
7a. B1	RTHPLACE (STATE ORFO	OREIGN 7b.		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	1	ORE CITY O	RCOUNT	COUR	ITU.	M
10. CI	OWSON	TH 11.		HOSPITAL, NURSIN THEADILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WO	OCCUPATION FOR MOST C	F WORKING I	IFE) 126 KIND C INDUSTRY Own I		01
13a S	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OR OTH 13b. COUNTY Baltin		TOWBON		13d INSIDE CITY LIMITS? YES NO X		ADDRESS		a Road 2	21204	
14 FA	THER'S NAME	MIDI) F	LAST		15. MOTHER'S MAIDEN N		MIDDLE		14	ST.	
45	Richard	W.		Shield		Charlot	te	S.		Si	Tewart	
	VAS DECEASED EVER ((ES, NO OR UNKNOWN)	N U.S. ARMEI (IF YES, GIVE W)		166. SOCIAL SECU 197-10-3 2288-05-7		Mary Lynne	Lloyd	, Same		13e 212	204	
	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	ediote	DUE TO, O	R AS A CONSEQUE		7 04 000	74			T.	~~~	
NO	PART 2. OTHER SIGN	IFICANT COM	DITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	RMIN AL DISE A	SE OR CON	DITION GI	VEN IN PART 1	0	
CERTIFICATION	19a DATE OF OPERAT	ЮИ	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	NO [IN CERT	ES, WERE FINDI		
	2 to ACCIDENT WAS UND OR CONTRIBUTING C (# EITHER NOTIFY MEDIC	AUSE OF DEATH		DE INJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJU	RY IN 11EM 18	PART I OR PART 2)		
MEDICAL	21d. INJURY OCCURR	N.E.	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC]	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	220.1 certify that (1)	d olumen	1	- / 19/		nd that in (my) (our) opinio	n deoth occur	red on the d	ote and ho	our and from the		
	gali	HL	to	mul		ATTENDING PHYSICIAN	MEDICA DIRECTO			7-9	7 84	_
	22d. PHYSICIAN'S NA	THE OF PE	, 5/	toner		22e ADDRESS	Monh	Al.	2	1200	1	

DHMH - 16 50M 4/83 (VRA 15, 4)

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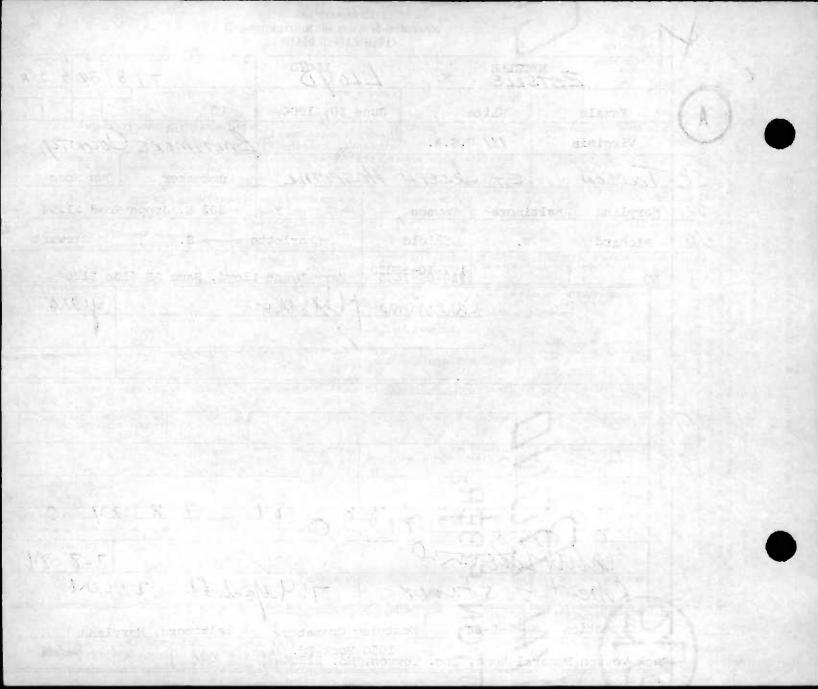
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 236 DATE 7-9-84 23c NAME OF CEMETERY OR CREMATORY Westview Crematory

STATE

Baltimore, Maryland

24 FUNERAL DIRECTOR

Ruck Towson Buneral Home, Inc. Towson, Md. 2120



/)			REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.			
/			EASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEA		DAY	YEAR	26 HOUR
ay be soge 3 death		(TYPE (PR PRINT)	John	9	Chomas		Lloyd		7	18	84	9:15A
mo)	3	. SEX			4 RACE	·	5 DATE C		6 AGE (IN YEARS	AST BIRTHDAY)	#F UNDE	RIYEAR	IF UNDER 24 H
ge 4 ector rs of	4		Male		Whit	te	MONTH	1899	8	5 YR	es.		HOURS A
Po Po	27		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	KNEVER MARRIED	9 BALTIMORE	ITY OR COU	NTY OF DE	ATH	
turbin 72 h	2L		Virginia			S.A.	WIDOWE	D DIVORCED	Bal	timore	Count	У	
oy the fulled with	7	O. CIT	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSING HEACHLITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR		GUFE) INC	DUSTRY	FBUSINESS
our offer in by the se filled with	1		tonsville			ntemar Av			Engine	er	Wes	ster	n Rail
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tely 2 sh	1/1	LFA1	HER'S NAME		15			15 MOTHER'S MAIDEN N	AME				
ed within impletely f and 2 sha examine to	U		Thomas		MIDDLE	Lloyd		Bircha	MI	DDLE	Ke	ennet	
	1		AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS			
on and con Poges !	L	(4)	s, no or unknown)	(IF YES, GIV	/E WAR OR DATES)	705-10-7	746	Berchie Man	ley Sar	me as]			
hysicia poperi avol.			RAUSE OF DEAT	H (Enter or	nly one couse per	line for (a) b), or	id ics +	. Av.	bts	1. 16		APPROXIA SETWEEN O	MATE INTERVAL
an b		ı	THE DENTIL	IMMEDIA	TE CAUSE (0)	6	rcin	one (080)	10	411	-		141
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ple ple		ŀ	PART 2 OTHER SIGN	VIEIC ANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION	GIVEN IN	PART Ito	
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an. hos beer t permit. iene priar	7	CERTIFICATION	% DATE OF OPERA	LION	19k COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	VES [7] NO	1 INCE	YES, WERE RTIFYING (OF DEATH
F 0 0 5 0 5	H	E	71s. ACCESSIT WAS USE	HRIYING.			-OV 7000 L00	311. HOW INJURY OCCU	Total Control		The state of	PART TO	1011
84 848 4		_	OR CONTRIBUTING [] (Seattle between the 155	M. MONTH D	AY YEAR						
HYSICIA nding pass certi burial- I Menta or tem	- 1	MEDICAL	114 INJURY OCCUR		21s. PLACE	OF INJURY		711 LOCATION	200	nortowy /	7 00	100	stati
OING Properties of the polymorked		₹	W TON D SHOW THE	ш <u>П</u>	(ACHOME, SII	BEEL PACTORS, OFFICE:	A89 11C 1	1001		7/10	180	0	
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TTEN Pprida CTOR for of H		- 1	obove, (lifes) is	nd alive on	it) view the body	atted death.	. 01	d that in (my) (s death occurred on	the date and	hour and f	rom the c	ouses stated
Y the hose A the hose A the hose A the hose A detached detached hote Dept			77k SIGNATURE	118	m	Shatt	N	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [] I	STAFF	2	N. DATE S	1/9/
HOSPITA FUNERA FUNERA suld be d h the Sto	H		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	1	N	22e ADDRESS 30		11.0/	100		1
TO HOSPITA retained by TO FUNERA should be de with the Stot			WE	ma	Gat	nM	()	Car		21.	128	m	d
7 5 5 4 3 3	2		PECTE Buris		236 DATE			Walley Mem	Filtra com to	nium	Bal	to	STM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

George J. Gonce DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

4001 Ritchie Hgwy Balto Md

7/21/84

Dulaney Valley Mem Gdrs

JUL 20 1984

126. KIND OF BUSINESS OR

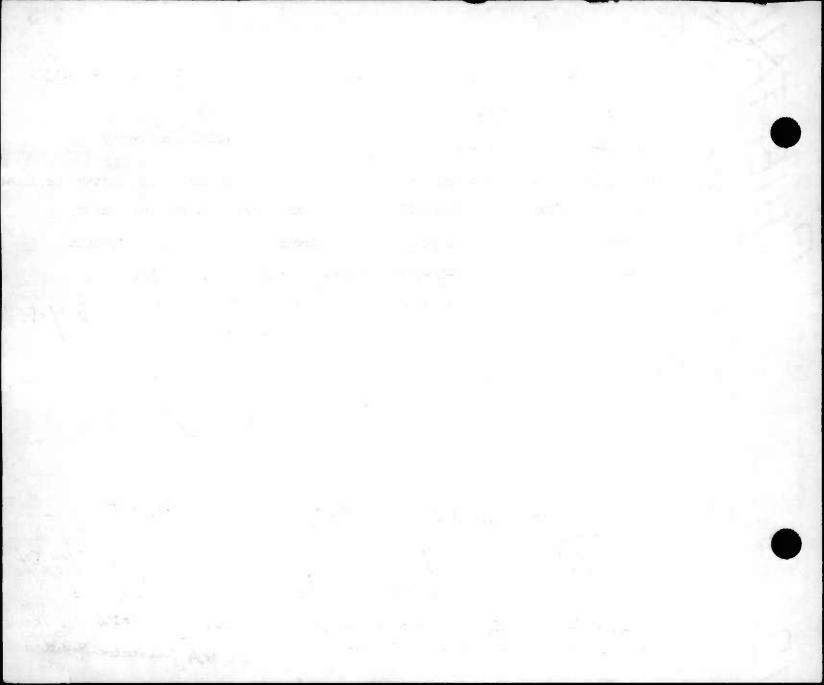
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

state

STMd.

Western Railroad

9:15AM # UNDER 24 HRS.



and completely filled in by the funeral directle oges 1 and 2 should be filed within 72 hours to

medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burnol-transit permit. Then please remove corbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the

ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

executed within 24 hours often

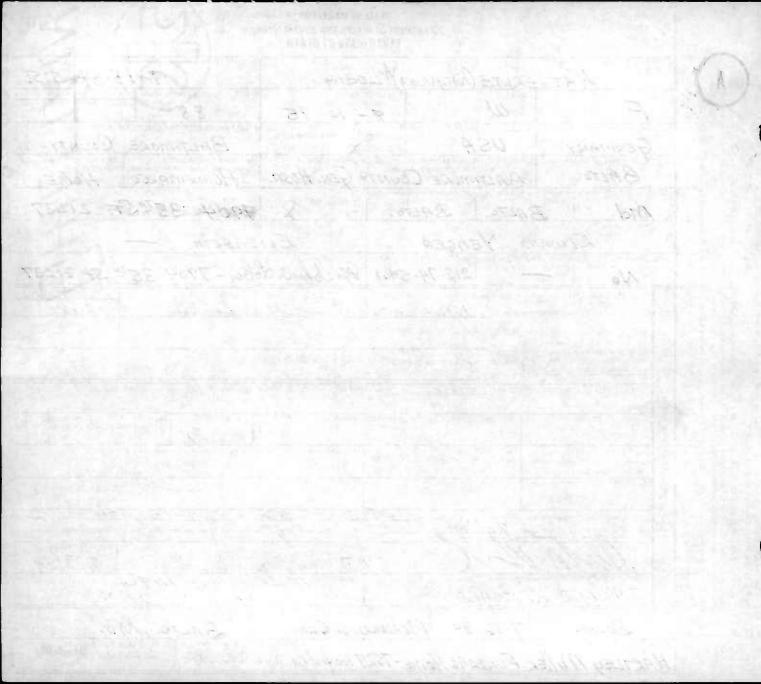
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

	REGISTRAR		CEKIIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST FOR PRINT) KATHE	ERINE (KATH	HARINA)A-L	OBIG	20. DATE OF DEATH	7-13-	SH4	26 HOUR 5:56M
3. SE.	F	RACE	S DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS MONTHS	DAYS	# UNDER 24 HRS HOURS MIN
C	GERMANY	USA	MARRIEI		BALTI	MORE C	OUN	ITY- MD.
10 C	BALTO.	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G BALTIMOR	IVE STREET ADDRESS)	Y GEN. HOSP.	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF		JSTRY	ME ME
130 3	AL RESIDENCE JIF NURSING HOME OR O		OR TOWN	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	35 TH ST.	21	237
14 F	ATHER'S NAME FIRST EDWAR	D YEAGE		15 MOTHER'S MAIDEN NAV	ZABETH		LAST	
	NAS DECEASED EVER IN U.S. ARM. YES, NO OR UNKNOWN) (IF YES, GIVE W		74-5461	Mr. John O. d	obig - 790	4 35TH -	54.	21237
	18 CAUSE OF DEATH Enter only PART DEATH WAS CAUSED IMMEDIATE	BY	1, (b), and (c).	hal Infa	relion	BE	APPROXIM	ATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	PINSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P.	ART 1(01	
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.		
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR	19	21f LOCATION STREET	RED (ENTER NATURE OF INJUIL CITY OR TOV			STATE
	22a.l certify that (I) (this haspital sow the deceased alive on above, (H) well (did not)	715 184	, or	nd that in (my) (own opinion o	deoth occurred on the de	13_ 19.8°		oot (I) (we) lost ouses stoted
	22b. SIGNATURE	M	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _	DATES	184 3/84
	DAROLD K.	BEARD		220. ADDRESS / E C	toun M	Hell LA.	6	
(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	7-16-84	0.0	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BALL			STATE
24 FI	NAME ARTLEY MILER	FUNERALI	Home - 752	7 Hayfred Kd. JU	L 1 6 1984	256. REGISTRAR'S S	M-1	ndelle

BP DHMH - 16 50M 7/77 (VR A 15 (4))



5.	. (5	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY EALTH AN ICATE OI	D MENTAL HYG	IENE 👸 🛶	۷٥.	8	1 6 5
	9 7			CEASED NAME OR PRINT)	FRAN	CES	WIDDLE		LOEB		20. DATE OF DEATH		9/8L	26 HOUR 9:58P M
	Now A	1	3 SEX	(L RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST 8	BITHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	d og v	ノ		FEMALE		WHI			EMBER	28, 1911	72	YRS.	ONTHS DAYS	HOURS MIN.
	th. Po	20	7a. BI	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY	MARRIE	D NEVE	R MARRIED	9 BALTIMORE CITY	_		
	dea dea	-4	10 (1	ENGLAND TY OR TOWN OF DEA	71.1		I.S.A. HOSPITAL, NURSI	WIDOWE		DIVORCED [BALTIMO			MD OF BUSINESS OR
5	s after by the iled will botified	76	IN CI	TOWSON		6701°	N CHABB				SALESPERS	OF WORKING LIFE		
BALTIMORE, MARYLAND 2120	hin 24 haur ly filled in should be f	18	13a. S	L RESIDENCE (IF NURSI TATE LORIDA	NG HOME OR O	OTHER INSTITUTION	136 CITY OR TOV	M	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	#3345	99999
KYL,	= 20 =	7	14. F.A	THER'S NAME		NDDLE	LAST		15 MOTHE	R'S MAIDEN NA	ME MIDDLE		LAS	SI.
¥ ¥	oup out	560		MYER			ABRAN			JANE			PHILÎ	
IMORE,	n and co Pages 1	3		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	060-26-6		WEST 21 W	CHESTER BROAD	RIVERSIDÉ ^{DO} ST. MT. VEI	MÉMORIA RNON, N.	L CHAP Y. #10	ELS 552
DIVISION OF VITAL RECORDS, 201 W. PRESION SE., B	that the death certificate by the attending physics remove carbonpais, cremation, or remover rather traumatic event			Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which	DUE TO, (b)_	OR AS A CONSEQU	ENCE OF LC RE ENCE OF	NAL	A FAILURE RT FAIL				
105, 20	quires signed Then ple ta burio		NO	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS (CONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR CO	NDITION GIVI	N IN PART 1	O.
AL RECO	The law re- ician. te has been sit permit. I giene prior shaws any ii	9	CERTIFICATION	190 DATE OF OPERAT	ION	196 CON	DITION FOR WHICH	OPERATIO	n was per	FORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI	
N OF VII	SICIAN: TI ng physicir certificate urial-transit tental Hygi	9	MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEAT	HOUR A	P.M.	AY YEAR			RED (ENTER NATURE OF IN.	IURY IN ITEM 18 PA	ART I OR PART ?)	
IVISIO	offendi offendi ter this s the bu		MED	WHILE NOT WHAT WORK AT WORK	ILE 🗀		E OF INJURY STREET, FACTORY, OFFICE	FARM ETC)	211 LOCA	TION	CITY OR	OWN	COUNTY	STATE
<u> </u>	TTENDIN or or Affar use a far use a of Health			22a I certify that (I) saw the decease above, (I) ((this hospit d alive on	. ,	hygreesed from	3/11/-	d that in (m	19 <u>84</u> ny) (aur) apinian	death occurred on the	date and hour	ond from the	that (I) (we) last couses stated
	by the hast by the hast ERAL DIREC e detached State Dept ANT: If them			Blis	La	m	lil	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	72¢ DATE	SIGNED
	HOSPITA ained by D FUNERA ould be de ould be de	1		/	4. DE	PAMPH	IILIS		GB					
	5 € 5 € 3 ₹		22a D	LIDIAL CREMATION	DEMOVAL	Task DATE	¥ 22,	NAME OF C	EARTERY	D CDEALATORY	1234 LOCATION			

231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR FOWN REMOVAL-BURIAL 7/22/84 SHARON GARDENS CEM VALHALLAH NEW YORK 24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 250 DATE REC'D BY REGISTRAR 18 REGISTRAR'S SIGN TUREDAD. DHMH - 16 50M 4/83 (VRA 15, 4)

236 DATE

230. BURIAL, CREMATION, REMOVAL

SHULLING TOTALS SYLEGISTRES

JAMES 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX April 2, 1903 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTR Maryland Baltimore, County U.S.A. WIDOWEXIX DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Filed Parkville Perring Parkway Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 11a. CITY OR TOWARD Baltimore 130 CITY OR TOWN 13e.STRFET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? pold Maryland 2601 Bauernschmidt Dr. NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N Thomas William puo Long Mary Lucinda ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES! 217-01-3090 Mrs. Shirley Stalcup 6 Thurmont Ct. 21236 18 CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: emorphage IMMEDIATE CAUSE IO A CONSEQUENCE OF Reb RA Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CERTIFICATION 0 ö permit. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 5 the buriol-tronsit per ond Mentol Hygiene shows 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) PM

ALBERT

- STATE

LIVEE OR PRINTS

REGISTRAR

JAMES

DECEASED NAME

Feriosclerosis PART 2. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20g AUTOPSY 20h, IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) MEDICAL 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) att saw the deceased alive an obove, (did) (did no and that in (my) (our) apinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED MEDICAL ATTENDING L STAFF DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN Burial 7-7-84 Oak Lawn Essex Baltimore Md. 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNASHRE 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LONG

REG. NO.

MONTH

26 HOUR

12h KIND OF BUSINESS OR

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Wholesale

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

2a. DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within \$4 hours after death. Figgr 4 may	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the futurent direction from space software corbonopers. Pages 1 and 2 should be filled within 72 has a should be deficied for the second hand Havington principle remediate for energy of the class page 4 Havilth and Manual Havington principle for energy or energy.	000
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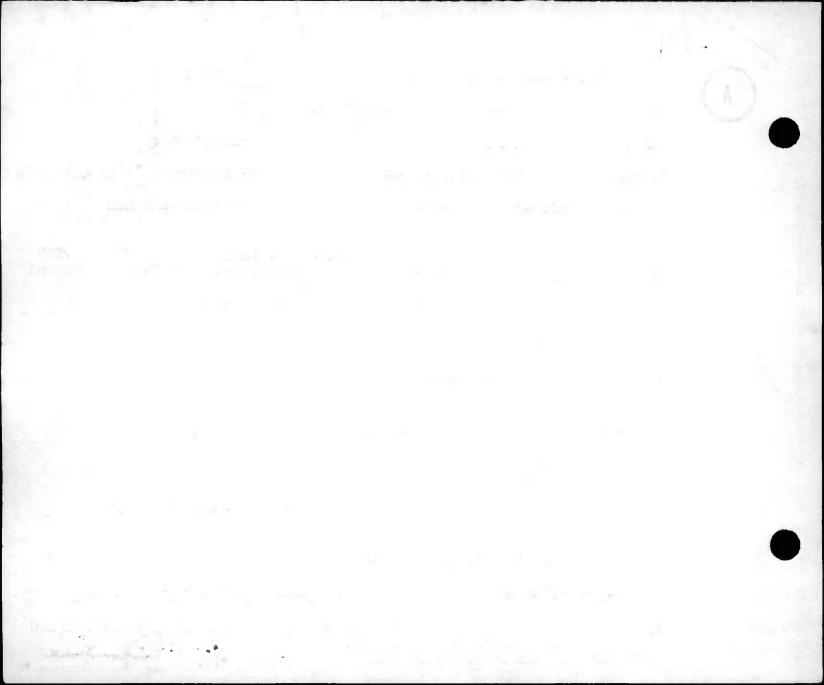
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

1	1-	STATE REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. N	0.		
ľ		CEASED NAME	FIRST		AIDDLE	Ü	AST	. 2	July 3	MONTH DAY	YEAR	26 HOUR
Į				-	oseph I				AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	3. SEX	ale		1. RACE Caucasi	ian	S. DATE O		EAR 0	74		VIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FO	OREIGN	U.S.A.	WHAT COUNTRY	? 8 MARRIEI WIDOWE		ED 📙	Baltimore (_	PEATH	MD
1		TY OR TOWN OF DEA	ТН		HOSPITAL, NURSI HEACHITY, GIVE STREE THE BOLLO		R OTHER INSTITUTI	ON I	USUAL OCCUPAT TYPE OF WORK FOR MOST	ON SE WORKING LIFE)	12b. KIND OF INDUSTRY RIOGE	BUSINESS OR TANK
1	13a S	AL RESIDENCE (IF MURSIL TATE aryland	NG HOME OR 136 COUN Balt	OTHER INSTITUTION TY MORE	13c. CITY OR TOV	RE ADMISSION) NN DIE	13d. INSIDE CITY LIA	MITS?	8040 Peach	HOLLOW I	ane	21207
	14 FA	THER'S NAME FIRST	,	MIDDLE	LAST	_	15 MOTHER'S MAI		WIDDLE		LAST	
	160 W	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES]	166. SOCIAL SEC 219-32				thomas Russe thom Lane	13. Baltimore		21207 Maryland
		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSEI	y one couse per DBY: E CAUSE (o)	line for (o) (b), o	Pasta	tre Pa	tui	Caren	Love		MATE INTERVAL HASET AND DEATH
7	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	lost.	DUE TO, OF		DEATH BUT	NOT RELATED TO T		ALDISEASE OR CON	20b. IF YES, V	VERE FINDIN	GS USED
7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	OLINI TO STUTE OF INJU	RY IN ITEM 18 PART	(OR PART 2)	
	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	UE 🗍	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		10 CITY OF TO)WN	COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (d olive on	ne	190	\$4 , on		opinion de	_, to oth occurred on the d	ote and hour a		hat (I) (we) lost couses stated
4		22b. SIGNATURE	aue	el B	afal	a		IDING ICIAN M	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	7. U	7. 84
		Dr. Da							Roads and	Slade	Avenue	es 21208
	(SURIAL, CREMATION, I SPECIFY)	REMOVAL	23b. DATE			Dive Cenebe		234 LOCATION CITY OF TOWN Randallst	own Bal	timore	Maryland
	24 FL	JNERAL DIRECTOR		Byers F	neral Dir	ectors,	Inc.	25e. DATE	REC'D. BY REGISTRAR	25 REGISTRA		IRF
- [d	7728 Liberty I	RUGU K	LELLISTO	wi, maryia	IN ZILLS)	1111	s 1984	1347	·	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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IMPORTANT. If hem 21 is marked as

	FOR	
-	STATE	

STATE OF MARYLAND

JIMIL OF III	MICHEMINE	
DEPARTMENT OF HEALTH	AND MENTAL	HYGIENE
CERTIFICATI	OF DEATH	

REGISTRAK					REG. NO.			
I. DECEASED NAME FIRST		MIDDLE	LAS	1	20 DATE OF DEATH MONTH	DAY YEAR	2ь. НО	UR
INNOCENTA	1	J.	LO	PRESTI	July 1, 1984			М
3. SEX	4 RACE	5.	DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDE	R 24 HRS.
Female	White			30, 1914	70 YR			
70. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COU			
Italy	U.S.A.	, w	VIDOWED	DIVORCED [Baltimore Con			MD
Towson	1202 1	HOSPITAL, NURSING F TH FACILITY, GIVE STREET ADDR DULANEY VA	RESS)		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN HOMEMAKET	12b, KIND C INDUSTRY Own Ho		ESS OR
USUAL RESIDENCE IF NURSING HOME O 130. STATE 13b COU Maryland Balt		GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN TOWSON	11	3d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP Co	ODE Valley	Rd.	2120
14. FATHER'S NAME	MIDDLE	LAST	1	S. MOTHER'S MAIDEN NAM	ME	IA.	.,	
Joseph	MIDDLE	Guarino		Caroline	MIDDLE		rera	ì
160 WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURITY	YNO. I	7. INFORMANT	ADDRESS			
NO	AE MAK OK DATE?	214-74-473	33	Carmelo J.	LoPresti - Same	e as #13e	2	
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse per ED BY TE CAUSE (a)	line for (o), (b), and (c)	CV	D		BETWEEN +	S41	RVAI D DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.) Ib)_	R AS A CONSEQUENCE	ena	l failure es melliti-	2	/(14	r.
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ONTRIBUTING TO DEA			70a AUTOPSY? 70b IF IN CE	YES, WERE FINDER THEY ING CAUSES	NGS USI	TH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.	F INJURY M. MONTH DAY M.		71c. HOW INJURY OCCURR	RED (ENTER MAJURE OF INJURY IN ITEM	18 PART I OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM		21f LOCATION STREET	CITY OR TOWN	COUNTY		STATE
22a I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	JUL	1e 29 19 8		that in (Our) opinion o	death occurred on the date and	hous and from the	that (1)	(we) lost toted
22h SIGNATURE	PL	stlow	MJ		MEDICAL STAFF **DIRECTOR PHYSICIAN	7/2/		,
274 PHYSICIAN'S NAME (IVPE Edward Cos		D.		3501 St	. Paul Street		144.7	
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAM	ME OF CE	METERY OR CREMATORY	73d LOCATION	COUNTY		STATE
Burial	7-5-8		rkwoo		Baltimore	ŀ	lary	
24 FUNERAL DIRECTOR NAME Ruck Towson Fune	eral Hom	ADDRESS		The roots	FREC'D. BY REGISTRAR 256 REG	Savidson-R		b —

DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1	4	REGISTRAR		CEXTIFIC	AIE OF DEATH	REG. NO.	
1	1. DEC	EASED NAME FIRST	MIDDLE	LAS	1	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE (ORPRINTI TOA	\sim	IOWE	R	6	30 84 9:20 0.
Į	3. SEX	2011	4 RACE	5. DATE OF	RIPTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	J. SEA	-	RACE	MONTH MONTH	OAY YEAR	-0	MONTHS DATS HOURS MIN.
ı	1	15 mals	WHITE	6	16 11	57 YRS	
7		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VIRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
/		MO	454	WIDOWED		DIALT CI	DUNTX MD.
7	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	12ª USUAL OCCUPATION	GLIFE) INDUSTRY
Я	,7	OUSON	(IF NO LIN SUC) FACILITY, GIVE	= DA A	TOSP,TAL	RETIRED	NINE
7		L RESIDENCE (IF NURSING HOME OR			9/11/10		
П	13a. S1	TATE 13b. COUN	At 35 CITY OF	FOULT	YES NO TO	13e STREET ADDRESS ZIP CO	DE 21093
+	IA EAT	THER'S NAME	1112 201	121014	S. MOTHER'S MAIDEN NA	MF	ZNU ZUZ
Я	17 17		MIDDLE		FIRST	MIDDLE	D 2 C LAST
4	1	HAYDIA	1-0m	2.K	TOA	1).	BRIGHT
1		'AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRESS	
1		10	2/87	18-5434	FAMIL	1 KICOROS	
1		18 CAUSE OF DEATH (Enter on	ily one cause per line for (a), ((b), and (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSE	E CAUSE 10) CAR	DIDRES	PITERTORY	INSUFFICIEN	64
		MMEDIAI					
1		Conditions if an all t	DUE TO, OR AS A CON	SEQUENCE OF	UT PERIC	ARDITU	10 12 1/2 1/2 1/2 1/2 1/2 1/2
		Conditions, if any, which gove rise to immediate	(b)	10 4 6 1	1 - 1-		
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF			
			(c) 97634				
1	7	PART 2. OTHER SIGNIFICANT	GIVEN IN PART I I I				
	CERTIFICATION		IL INFARCTI		PULHONAL	OL HUDDAT	HORAY
	CA	190. DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
	I					YES NO	YES NO
Π	GE	210. ACCIDENT WAS UNDERLYING	LICHED A AA AACAITI	U DAY VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
	AL	OR CONTRIBUTING CAUSE OF DEA	NO.	19			
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION		COUNTY STATE
-1	W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AL WORK	tal) attached the descript	f		10	
-		22a. I certify that (this haspi saw the deceased alive an				, to death occurred on the date and l	
		obove, (1) (we) (did) (did no	t) view the body after death.			dean account on the date and	22c DATE SIGNED
		774 SIGNOURE	9-M		EGREE ATTENDING _	MEDICAL STAFF	IL. DATE SIGNED
		14			PHYSICIAN [
		228 PHYSICIAN SHAME THE O			22e ADDRESS		
		REYNALDO C	DRJUELA-GI	61LEZ,14	.D.		
		URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	
	R	SPECIFY)	Te143 1984	Outensu	Valley	CITY OR TOWN	BALTO. PIARYLAN
	24 FU	INERAL DIRECTOR		8805	25a DAT		SISTRAR'S SIGNATURE
	2	NAME CHOOL SE	177	DRESS	0	1 1 1 1001 Julia	Davidson-Randala.
	CV	HUS THEN OF	1 DECORDO II	ARFORD !	DONE LUU	1 1 1004	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, prind 2 thould be filled and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

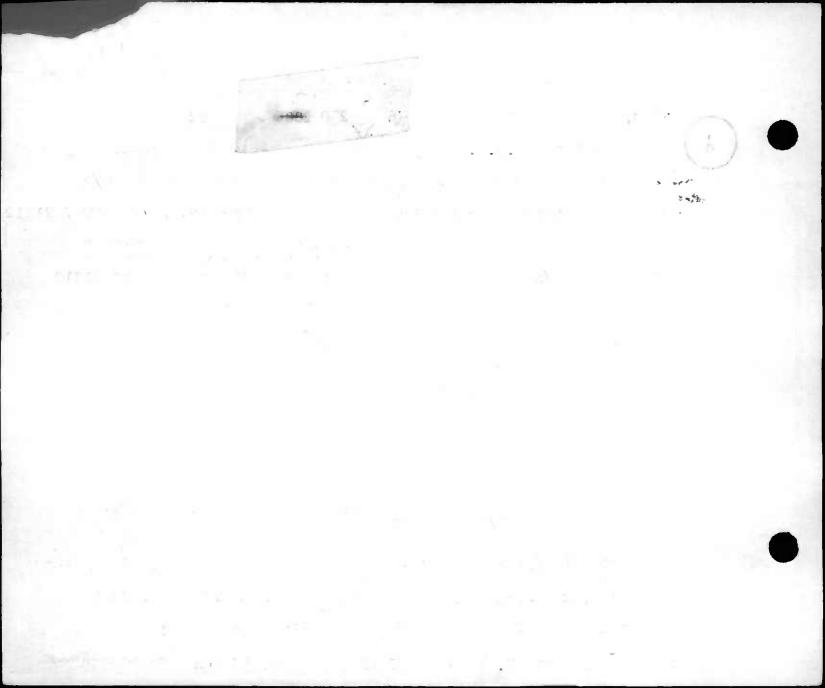
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e 64		CEASED NAME FIRST		MIC	DOLE		EDV		20. DATE OF DEATH	MONT	DAY		26 HOUR
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death. Page 4 may		^ CMARE	1			6		9.6	88 49		MONTHS		HOURS MIN.
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in the first	10 C	ITY OR TOWN OF DEATH	1	NAME OF HO	SPITAL, NURSIN	ADDRESS)	R OTHER INSTITUTION		178 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	G LIFE) INE	DUSTRY	BUSINESS OR
be file	JUSU	TOWSON AL RESIDENCE (IF NURSING HO	ME OR OTHE				EDICAL CE	NTER	RETIRED			N/A	
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te be e cors. Po		NO N	I/A			0	DESSA RO)BINS	SON BALT	<u>LMOR</u>			212
requires that the death certitions in signed by the attending p. Then please remove carbon in the burial, cremation, or reminjury, or other traumatic ex	. NOI	Conditions, if any, whice gave rise to immediate couse (0), stating the underlying cause loss PART 2 OTHER SIGNIFICATION	te }	DUE TO, OR A	AS A CONSEQUE	NCE OF	O CARDIAL			NOITION	GIVEN IN		MINUTES
on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION		1% CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED)	YES NO X	20b. IF IN CEI	YES, WER RTIFYING YES [E FINDIN CAUSES (GS USED OF DEATH?
SiCIAN: The physician certificate harrial-transit pental Hygier litem 18 skg		2] B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	OF DEATH	216 TIME OF HOUR A.M.	MONTH DA	YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM	18 PART I OR	PART 2)	
offending offer this so the but hand M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF (AT HOME STREE	INJURY 1 FACTORY, OFFICE, F.	ARM ETC)	211 LOCATION STREET		CITY OR I	OWN	CO	UNIY	STATE
NDIR S. A.	1	22a certify that (I) (this I	haspital)	ottended the	deceased fram_	84	7/18 19.	84					hat (I) (we) lost
O HOSPITAL OR ATTERED by the hospital OF FUNERAL DIRECTO should be detached for with the State Dept of IMPORTANT: if them 21		sow the deceased alive an						27	om the c				
TO HOSPIT TO FUNER should be with the Sti		JAY M. LU	STBA	DER, M.	D.		GBMC -	6701	N. CHARLE	S ST	. 212	04	
₽₽ ₽₩¥ ₹		BURIAL, CREMATION, REMO	VAL 2		23c N		EMETERY OR CREMA		23d LOCATION CITY OR TOWN ALEXAN	DRIA	COUN		STATE
DHMH - 16 50M 4/83		UNERAL DIRECTOR			ADDRESS			250 DATE	REC'D. BY REGISTRA	R 25h REC	SISTRAR'S	SIGNATU	JRE
(VRA 15, 4)	PH	ILLIP BELL	311	N. P		ST A	LEX VA	Ш	3 1 1984	Grilia	David	son-A	indelle.



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.
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Page 4 may be

V	FOR STATE REGISTRAR			EPARTN	CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		171
ge 3	1. DECEASED NAM (TYPE OR PRINT)	James	s Richard	d		ders	20. DATE OF DEATH Ju	1y 20 198	
and	Male		Caucasian		5 DATE O		6 AGE (IN YEARS LAST BIT	MONTHS D	YEAR IF UNDER 24 HRS DAYS HOURS MIN
	Marylan	TATE OR FOREIGN	U.S.A.	UNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED		e County	
in by the fu	Catonsv		11. NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET A VE		G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATE OF WORK FOR MOST	OF WORKING LIFE) INDUS	ND OF BUSINESS OR JRY ipping
T BB S	Maryand	Bal	tother institution, give reside Sty Cato	NCE BEFORE OR TOWI ONSV	ille	134 INSIDE CITY LIMITS? YES NO 🌁	13. SIREET ADDRESS	Ave. 212	228
completely fill I and 2 should hedreal examin	Charle		H. Luede			Ottilia	A	Lead	E LAST
ysician and copers. Pages 1 a oval.	I SO WAS DECEASE	D EVER IN U.S. AI	C WAR OR DATES	-36-	0517	Carol McN	alty Same	as #13e	
vequires that the death cer in signed by the attending bi hen please remove carbon p to burial, cremation, or ren ny injury, or other traumatio	Conditions, gave rise cause (a) underlying	if any, which to immediate stating the cause lost	DUE TO, OR AS A CO	PINSEQUE	NCE OF	W. D. D. A. T.	WINAL DISEASE OR COM	IDITION GIVEN IN PAR	RT Ira:
te has been perior to the permit. The permit is shown and the perior to	190 DATE OF	OPERATION	196 CONDITION FOR	WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAU YES	INDINGS USED USES OF DEATH? NO
g physician. g physician. his certificat rial-transit p Mental Hygin	OR CONTRIBUT	WAS UNDERLYING [ING CAUSE OF DE IFY MEDICAL EXAMINER	HOUR A.M. MON		Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART I OR PAR	1 2)
attending to a steep the purity and	AT WORK	NOT WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE, FA	ARM, E1C)	4-84	CITY OR TO		
potal or RECTOR for use to Head	above, (l) (we) (did) (did no	ital) attended the decease $6-27-84$	d from 19 h.	-	d that in (my) (our) opinion	deoth occurred on the c		
etained by the hos TOFUNERAL DIF Abould be detached with the State Dep		AN'S NAME HYPE	thim, M.D.	-		ATTENDING PHYSICIAN 111 ADDRESS 1620 York	MEDICAL STA	FF	21204
Should with	230. BURIAL, CREM (SPECIFY) Bu	ATION, REMOVAL	7/23/84			emetery or crematory	23d LOCATION CHYORTOWN Waterlo	COUNTY	Md. STATE
DHMH-16 25M (VRA 15, 4) 1/79	7601 S	andy S	K FUNERAL Dring Rd.	HOME	TN	25e. DA	TE REC'D. BY REGISTRAN	M. REGISTRAR'S SIG	

Sami A. Brahin, y.D. .. Tin Lore Road Tousen, Mr. 21204

STATE OF MARYLAND STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. N	10.			
1	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		7	16	184	4:0

1. DECEASED NAME	FIRST	,	MIDDLE	į.	AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
(TYPE OR PRINT)	BER	THA		LUK/	SIEWI	CZ			7	16	184	4:07A
3. SEX		4 RACE		5. DATE C			6 AGE (IN YEARS LAST E	SRTHDAY)		DER I YEAR	IF UNDER 24 HRS
FEMALE		CAUC	ASIAN	MONTH		1914		69	YRS	MONTH	DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER N	ADDIED	9. BALTIA	AORE CITY	OR COUN	TY OF C	DEATH	
Maryland		U.S.A.		WIDOWE		ORCED	BALTIMORE COUNTY			MD		
10 CITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INST	TUTION		ORK FOR MOST				F BUSINESS OR
TOWSON		GBMC	6701 N.		RLES S	Τ.		es Ca			Hote	1
USUAL RESIDENCE (IF NURS 130. STATE Maryland	13b. COU		Give residence before 136. CITY OR TOW Baltimo:	N	13d INSIDE CI	TY LIMITS?		T ADDRESS 24 Ba			216	231
14 FATHER'S NAME FIRST John	- 14	WIDDLE	Panek			MAIDEN NA/		MIDDLE			LAS.	
In WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAL		e	ADD	RESS		Kro	1
(YES, NO OR UNKNOWN)		ive war or dates) 220–09–2			Vincen		siewi	cz 19	24 Bai	nk S	t. 2	1231
PART I. DE ATH W	AS CAUSE		CARDIO		10NARY	ARRES	ST				BETWEEN	MATE INTERVAL DNSET AND DEATH
Conditions, if ony, which												

DUE TO, OR AS ACONSEQUENCE OF CELL CA OF PHARYNX underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED			
				IN CERTIFYING CAUSES	OF DEATH
	1		YES NO X	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR				
	5.11	I			

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE

220 L certify that (1) (this hospital) attended the deceased from sow the deceased olive on 7/16 obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING 7/16/84

22e ADDRESS

GBMC-6701 N. CHARLES ST.

MARK MCKENNY, 23d LOCATION

23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial July 19, 1984 St. Stanislaus Cem.

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

this certificate has beburiol-tronsit pern Mentol Hygiene p 00

FUNERAL DIRECTOR

shauld be detac

If Item 21

MPORTANT

24 FUNERAL DIRECTOR

CERTIFICATION

couse (o), stoting the

George A. Weber & Sons Inc. 705 S. AnnSt.

		. 1				TATE OF MARYLAND		1 0	1	7 7
	1		1 -	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 4	10	1	1 3
			1. DEC	EASED NAME FIRST	MIDDLE	LAST		MONTH DAY	YEAR 2	HOUR
e	5 5	9	TYPE	OR PRINT)	1011		1 11 4		h	0.152
ay E	900		2 653	James NY	NCH ACE IS. DA	ATE OF BIRTH	6. AGE (IN YEARS LYST BILL		AUT I.	0:15a M
E E	offer. p		3. SEX	mal		MONTH DAY YEAR	B. AGE (INTERESTAST BIR	MONTHS		OURS MIN.
80	1			101016	White	0-4-1901	82	1173		
5/	90	-		THPLACE (STATE OR FOREIGN 7b. (CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
To a	A I	3	n)aryland		OWED DIVORCED	BALTIMORE	COUNTY		MD.
. 1			10. CI	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO UF NOT IN SUCH FACILITY, GIVE STREET ADDRES		12a USUAL OCCUPATION	ON 12b	KIND OF	BUSINESS OR
10	by i	57		SSPV /T	-Lan Plin Source	o Horanital	Electric		SIC	c/
200	e 2.		USUA	L RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BY ORE ADMIS	SION)				1274
24 7	filled ould b	5 (130	TATE 136 COUNTY	13c CITY OR YOWN	13d. INSIDE ČITY LIMITS?	13. STREET ADDRESS	ZIP CODE	1 Ax	barel
e c	7.2		14. FA	THER'S NAME	1 Daltimo	15. MOTHER'S MAIDEN NAM	AE	gnianz	711	27/
3	nd 2	Pur	T	MIDD MIDD	LE LAST	FIRST	MIDDLE	T	LAST	
oted	E O O	V4	20	'AS DIEJEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY N	10. 17 INFORMANI	ADDRE	55	ya	<u>n</u>
exec	Pages medica			ES, NO NENOWN) (IF YES, GIVE WA		m Sh	1	1 1 1	10	///
9	0 S 6			140	- 7/3-01/-9	310 11/15, 211ar	on Czapi	103R1-	- 410	nlang
0.00	hysici paper oval.		31	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY			, ,	-	BETWEEN ON	SET AND DEATH
T the	an paks an pak			IMMEDIATE C		COMPLICATED BY C	ONGESTIVE	HEART		
÷	e corb			FA.	DUE 10, OR AS A CONSEQUENCE	SENAL FAILURE		Mary 1		
deo				Conditions, if any, which	(b)					
the	the a	1/3		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF				
hot	d by the ease rer al, crem			underlying cause last.	(c)			1.04		
es	000			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Iro	
20	The to		O		DEHYDRA"	TION				
3	Beer Prior		AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WER	EFINDING	SUSED
0 .	nsit per		CERTIFICATION				YES TO NOY	IN CERTIFYING YES		PDEATH?
J. Th	cote ansit Hygie		ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR				
IAN phy	Tiffe Il-tro	0 0		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY Y					
YSIC	burial-tr Mental		MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION				
PH			ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ET	C) STREET	CITY OR TO	WN CC	YIMUC	STATE
NO	After the e as the alth and			AT WORK AT WORK	ottended the deceased from JUI	Y 14 19 84	tall Y 20		84 the	V
END	Hee Hee			22a.l certify that(I) (this hospital)		1, and that in Xny) (our) opinion o		, 19		at (X (we) last
ATTA	d fo			saw the deceased alive on above, (X (we) (did) (did(n) i) vi	ew the body ofter death		seom occorred on the do			
0 e	Dep Dep		36	226. SIGNATURE	U111. 40	DEGREE ATTENDING _	MEDICAL STAF	F	2c DATE SH	GNED
PITAL by th	A det		8	VIOLERC:	relationse MD.	PHYSICIAN [DIRECTOR PHYSIC	IAN	1-20	-84
HOSPIT	JNE JNE J be STA	1		224 PHYSICIAN'S NAME (TYPE OR PRI		22e ADDRESS				
	TO FUNERAL I should be deto with the State I IMPORTANT: If			DOREEN FELD	CHOUSE M.D.	9000 FRANKL	IN SQUARE D	RIVE 21	237	
o pier	₹ \$ 3 <u>3</u>		23a B	URIAL, CREMATION, REMOVAL 2	36. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION		486	
BF		633	B	Uhi C	7-23-84 Oak	Louin Compton	Dungall	<- Ba	+ to C	. Bd
	- 16 50M 4/8	,	24 FL	NERAL DIRECTOR	7	25a DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATUR	E /
	- 10 50M 4/8 RA 15, 4)	"	h	hait Mana	Tor - 2 ADDREST YA	16 th Street III	24 1004	was David	ma The	mel. 04.
			2		THE TOUGHT IN	211001100	-04 MO4	1	1-Mg	TARLE.

STATE OF MARYLAND

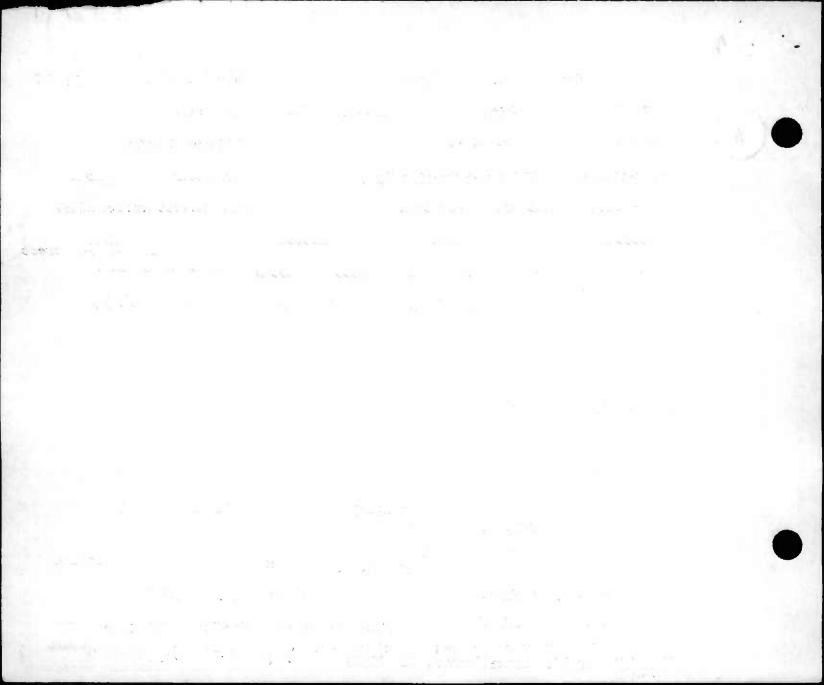
Large Control of the second state of the second Description of the second of the A Breaking Street Esselb Miller Therefore - Kyan Barren State of the Committee of the State o Property of the second 17-23-84-O-Kasay Bash + Hall Sall K South & South when the property of the first of the first

(A Hour	35
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the unear after should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled within a final mount the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, ar other traumatic event, the medical examines mustre and the

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENI	
CERTIFICATE OF DEATH	

ı	FOR		DEPARTMENT (OF HEALTH AND MENTAL HY	YGIENE	*		h
	- STATE REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0.		1
ı	I DECEASED NAME FIRST	A	AIDDLE	LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
ı	(TYPE OR PRINT) Ruby	D.	Lvnn		July 16,	1984	y_ 16	2:05 PM
ı	3 SEX	4 RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY	F UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	M	arch 12, 1900	84 year		ONTHS DATS	HOURS MIN.
	7a BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
1	Maryland	U. S		OWED DIVORCED	Baltimore	Count	У	MD.
ñ	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOA	ME OR OTHER INSTITUTION	17a USUAL OCCUPATI	ЮN	12b. KIND O	F BUSINESS OR
/	/ Randallstown		rt_Nursing		Homemake	r	Ho	me
1	USUAL RESIDENCE IF NURSING HOME OR 130. STATE 136. COUN Mary Land Bal	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSI 13c, CITY OR IOWN WOODLOWN	ON) 13d INSIDE CITY LIMITS? YES NO 3C	130 STREET ADDRESS 2012 Russ	ZIP CODE	enue 2	1207
H	14. FATHER'S NAME			15 MOTHER'S MAIDEN N			011010 13	
1	William	WIDDLE	Bell	Nettie	MIDDLE		Reed	1
Η	16a WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMANT			ar tmor	e Street
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	215-32-9448	Betty Reyno	lds Woodla	wn, MD	21207	
	IS CAUSE OF DEATH (Enter or	ly one couse per	line for (a) (b) and (c))	1 0 0			APPROXI	MATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	artorios	elevotic ca	erdiovascu	land	1 Dave	AND PERMI
1	IMMEDIA		R AS A CONSEQUENCE C	A.E.				
1	Conditions, if any, which	(b)	R AS A CONSEQUENCE C	7				
1	gave rise to immediate cause (a), stating the	,	R AS A CONSEQUENCE C)E				
1	underlying cause last.	(10)	AS A CONSEQUENCE C	,1				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVE	N IN PART 110)
	No Hyperto	Hypertensen						
7	190 DATE OF SPERATION	196 COND	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?		S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
-	T T T T T T T T T T T T T T T T T T T				YES NO	YES		NO 🗌
1	00.00.000000000000000000000000000000000	1100110 1		21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJU	RY IN ITEM IS PAR	RTT OR PART 2)	
7	(IF EITHER NOTIFY MEDICAL EXAMINE	P.		19				
	OKCONINIBUTING CAUSE OF DEA	21e PLACE	OF INJURY BEET FACTORY, OFFICE, FARM ETC	211 LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
	AT WORK — AT WORK —			-1-83	7-16-		24	
	27a I certify that (I) (this hospi saw the deceased alive an		e deceased from _	, and that in (my) (aur) apinio	, 10	ate and hour		that (I) (we) last
	obove, (Ir(ve) (did) (did no	it view the body	ofter-death.	DEGREE			27¢ DATE	
1	France	16-	Linsberg	ATTENDING	MEDICAL STA		1	6-84
-	22d PHYSIZIAN'S NAME (TYPE C	OR PRINT)		27e ADDRESS	DE DIRECTOR PHYSIC	-IAN []	1 /-1	0=04
	Jerome H.	Sinshuro	1	5310 01d Co	ourt Rd	21133		
+	22- BURIAL CREMATION REMOVAL			OF CEMETERY OR CREMATOR	y 23d. LOCATION			
	(SPECIFY) Burial	7/19/	/84 Wood	dlawn Cemetery	Woodl awn	Balt	imore	MD
	24 FUNERAL DIRECTOR Loring	Byers F	uneral Dire	ctors.Inc. 250	AJE REC'D BY REGISTRAR	2% REGISTR		IRELAND
	8728 Liberty Rd.	Randal	1stown, MD	21133	UL 1 8 1984	The state of the s	. 14.501 - 15	



STATE OF MARYLAND FOR

ALV.

DED A DEALER

IT	0F	HEALTH	AND	MENTAL	HYGIENE	9
El	RTI	FICATE	OF	DEATH		

DEPARIM		CATE OF D		IENE					
	CERTITI	CAILOID	LAIN	REG. N	10.				
LE	LA	51		20 DATE OF DEATH	HINOM	OAY	YEAR	26 HOU	IR.
ER DA	MACI	EOD			07	13	84	7:4	5P M
	5. DATE OF	BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
	MONTH	OAY	YEAR			MONTHS	DAYS	HOUR5	MIN,
	12	03	01	82	YRS.			1	
AT COUNTRY?	В.			9. BALTIMORE CITY	OR COUN	TY OF DE	ATH		

FEMALE WHITE 76 CITIZEN OF WH 70 BIRTHPLACE I STATE OF FOREIGN COUNTRY MARRIED W NEVER MARRIED

4 RACE

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN

MARYLAND U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FREDERICK VILLA NURSING CENTER

HOMEMAKER 13e.STREET ADDRESS / ZIP CODE

2218 SULPHUR SPRING ROAD,

BALTIMORE COUNTY

MIDDLE

BALTIMORE LANSDOWNE MARYLAND FIRST MIDOLE

18 CAUSE OF DEATH (Enter only one couse per line for

FIRST

EMMA

LAST

BRAUN

AT HOME STREET FACTORY OFFICE FARM ETC.)

15. MOTHER'S MAIDEN NAME FIRST **EMMA**

13d INSIDE CITY LIMITS?

YES 🗌

LAST RITTERSHOFER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

126 KIND OF BUSINESS OR

16a WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) NO

- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

CATONSVILLE

CHARLES

196 DATE OF OPERATION

3 SEX

filled in by the funeral auld be filed within 72

mpletely ond 2 sho

Poges

froum

CERTIFICATION

MEDICAL

to burial.

prior

80

0

<u>~</u>

MPORTANT

166 SOCIAL SECURITY NO 214-74-0601

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ADDRESS 17 INFORMANT

JANIE M. OLVER 2614 WILLOW AVENUE,

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which lo), stating the underlying cause

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YE AR
21d INJURY OCCURRED	21e PLACE OF INJURY	

YES [NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211 LOCATION CITY OF TOWN

20s AUTOPSY?

AT WORK 22a | certify the and that in (my) (our) opinion death occurred on the d sow the de eased al DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

e and hour and from the causes stated

ELMO M. GAY050

5411 OLD FREDERICK ROAD 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

BALTIMORE

NO 🗌

BURIAL 24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

07-17-84

LOUDON PARK 21229

22e ADDRESS

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY

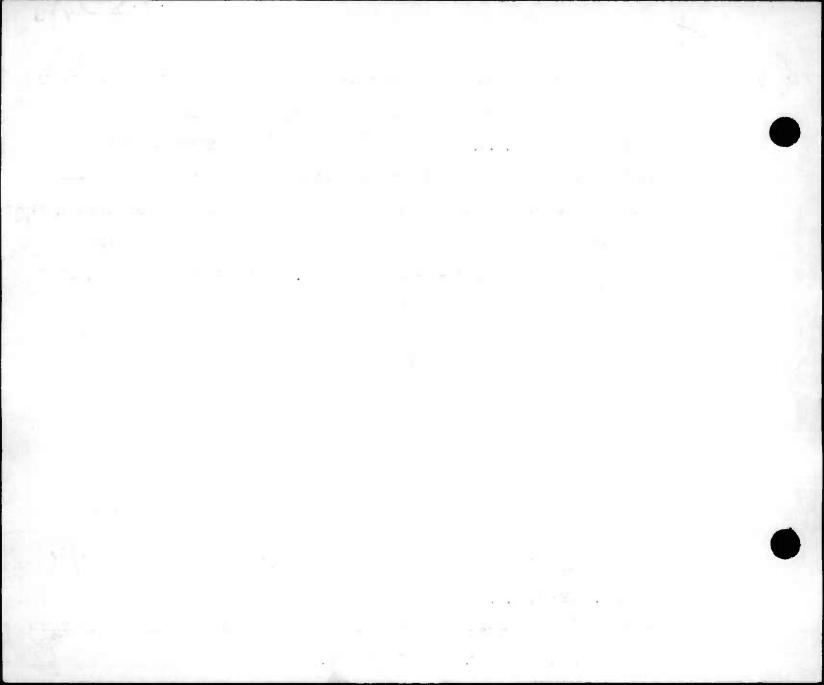
FUNERAL HOME, INC. 4107 WILKENS AVE.

136 DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR

O FUNERAL



	/
B	À
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
0 0	Short W

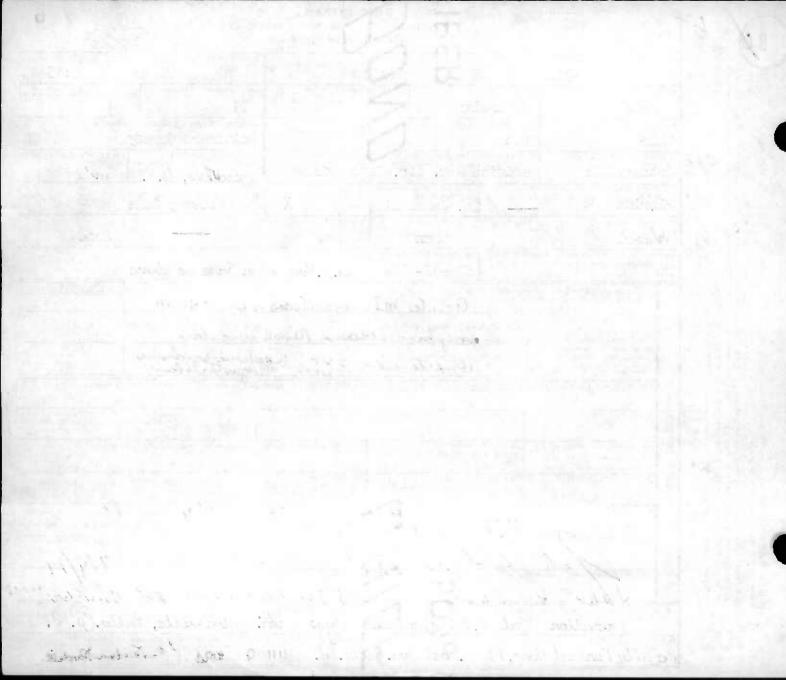
DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

ONIO USA MARRIED & NEVER MARRIED BALTIMON IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Catonsville Meridian Nsg. Ctr.—Catonsville USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION STORE RESIDENCE BEFORE ADMISSION) III STATE Florida III FATHER'S NAME WM Earl MADDLE MADDLE MARRIED & NEVER MARRIED DEVER MARRIED III NOME OF MORRIED BALTIMON III NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GRESSIFICATION III STATE OF MALDEN NAME MIDDLE MADDLE MADDLE MARRIED & NEVER MARRIED DEVER MARRIED III NOME OF MORRIED BALTIMON III NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III STATE OF MALDEN NAME MIDDLE MADDLE MADDLE MADDLE MARRIED & NEVER MARRIED DEVER MARRIED DE VORME MARRIED DE VORME MARRIED DE VORME MARRIED DE VORME MARRIE							
John H Mahan 3. SEX Male Caucasian Caucasian To Dit To	H MONTH DAY YEAR 26. HOUR						
Male Caucasian Online To Citizen of What Country? Online Online To Citizen of What Country? USA Widowed Divorced Baltimore City Baltimore Balt	07 04 84 9:15						
76. BIRTHPLACE (STATE OR FOREIGN ON ON OF DEATH ON ON ON OF DEATH ON							
ONIO USA MARRIED & NEVER MARRIED DONORCED DONORC	YRS.						
TID. CITY OR TOWN OF DEATH Catonsville III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Meridian Nsg. Ctr.—Catonsville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ONE STREET, ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Meridian Nsg. Ctr.—Catonsville Executive Last Florida III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Meridian Nsg. Ctr.—Catonsville Executive Last III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL ADMINISTRATION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL ADMINISTRATION III.	Y OR COUNTY OF DEATH PE County						
136 COUNTY 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 SIREET ADDRES 136 STATE 137 STATE 137 STATE 137 STATE 138	PATION OST OF WORKING LIFE) 126. KIND OF BUSINESS INDUSTRY.						
Mahan Alva Mahan	ess/zipcode erry Lane 9944						
NOT UNKNOWN) (R YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Out to mI, Hyperlessonie, Acconditions, if ony, which gove rise to immediate couse (b), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (c), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (c), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (c), stating the	Shock						
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	as above						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ndrome islein						
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO. 1970 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO						
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH FETTING CAUSE OF DEATH FOR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY FATTING COUNTY STATE CITY OF TOWN COUNTY STATE COUNTY							
27a certify that (1) (this hospital) attended the deceased from							
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY C. 23d LOCATION CRYOR TOWN	IN A A D COUNTY C As REALD						
(remation July 6, 1984 Security Process (nem.) (atoms	RARIZSD. REGISTRAR'S SIGNATURE						
Ma ully Funeral Home, 130 E. Fort Ave. Balto. Md. 1111 9 1984	La Nainten Bode						



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

20 DATE KNOWN

	DEATH MATER JULY 1319	82	1
HRS.		YEAR	2d
IN	N. L. C.	,84	Z
	9. BALTIMORE CITY OR COUNTY OF DE	ATH'	

MARRIED NEVER MARRIED DIVORCED Baltimore County

> 12a USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
> Homemaker

REG. NO

13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3508 8th Ave., 15010 NO IX YES 15 MOTHER'S MAIDEN NAME MIDDLE Edna Zeigler 7. INFORMANT ADDRES326 8th Ave.

A.D. Campbell F.H. Inc. Beaver Falls, Pa.

20 AUTOPSY? YES [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION STREET CITY OR TOWN COUNTY

Grandview Cemetery

Autopay Impection Inquiry Undetermined monner

238 LOCATION Beaver Falls, Pennsylvania

NO [

24. FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

7-16 -84

(VR A15 ME (5)) 20M 4/82

Burial

DHMH - 17

Personal Lympus Eller W. S. a., Eller W. S. a. Country ve slamma neaver leaver ralls s 2000 grants., Project The state of the s and the second of the second o Standard Jan Jan Jan Jan Standard and the contract of the second changed to a supplier the second TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director; page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs often seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical

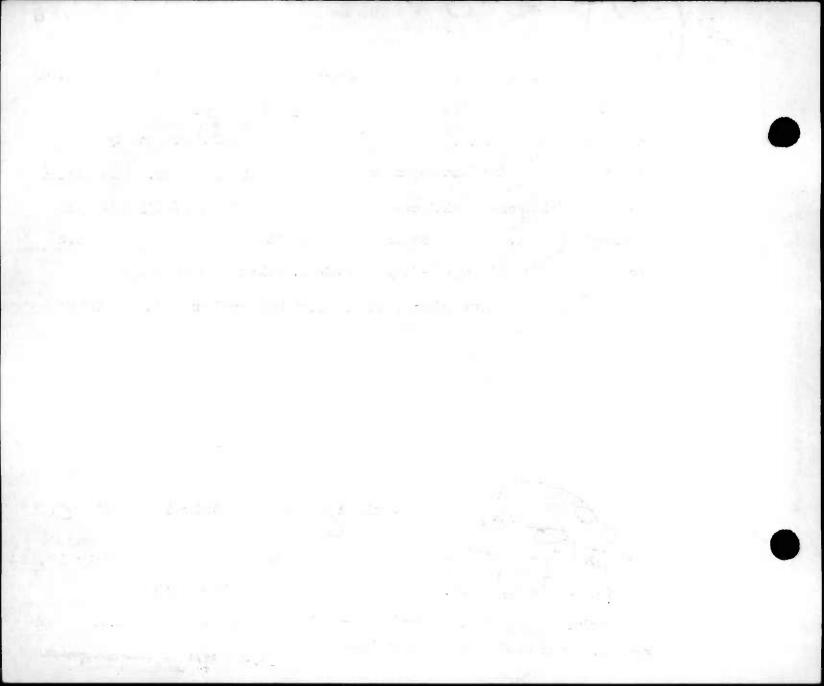
IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	- 1	8	10		C

ł	-	REGISTRAR				CERTIF	ICATE OF D	EATH.	REC	5. NO.				
Ì		CEASED NAME	FIRST	-	MIDDLE	ı	AST		20 DATE OF DEAT	H MONTH		YEAR	2b HOUR	
I	ETYPE	Clift & Miller (7)	Jos	iah	W .		Manges	3		7	18	84	2:30	PM
Ì	J. SEX			4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER	DAYS	IF UNDER 24 HOURS	HRS
Į		Male			White	4	2	10	74	YRS			MOOKS .	Mily.
Ì	7a. BIF	RTHPLACE (STATE OR F	ORE IGN		WHAT COUNTRY?	8 AA A P P I E	D 🖄 NEVER N	ARRIED .	9 BALTIMORE CIT					
l	Pe	ennsylvani	a.	U.,	S.A.	WIDOWE		ORCED	Balti	more C	ounty	ſ		MD.
	Baltimore		ТН		HOSPITAL, NURSIN HACKITY, EVESTREET HAST JOP			ITUTION	120 USUAL OCCU LITYPE OF WORK FOR MY Linotype	OST OF WORKING	LIFE) IND	USTRY	apers	
	USUA 13a S	AL RESIDENCE (IF NURS TATE Md	13b COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltimo	N	13d. INSIDE CI YES [13e.STREET ADDRE	ss/zipco ast Jo	ppa I	Road	2123	34
I	14 FA	THER'S NAME		WIDDIE	IASI			MAIDEN NAM		I.E.		1.65	1	
1		Joseph		C.	Man	ges	J	feanette	е	16		Ĥ	lorn	
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMA			DDRESS				
ı	(1)	TO UNKNOWN)	(# 1ES, GIV	E WAN OR DATES	209-03-3	1989	Ronald	l D. Wal	lker Sa	me as	13e			
Ì		18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), ond (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Arteriosclerotic Cardiovascular dis.							0/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Į										Years				
ı		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)												
ı														
ł		gove rise to immediate couse (a), stating the underlying cause last												
ĺ														
ı		PART 2. OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM!	INAL DISEASE OR C	ONDITION	SIVEN IN P	ARI III	0	
ł	N O													
	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES ☐ NO	IN CER		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO N		
1	ERT	210. ACCIDENT WAS UND	DERLYING	21b. TIME O			21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF		land.	PART 2)		
١		OR CONTRIBUTING		C11	M. MONTH DA	AY YEAR								
l	MEDICAL	(IF EITHER NOTIFY MEDI		PLACE	OF INJURY		211 LOCATIO	N.			(OL		STA	
ı	M.	WHILE NOT		(ALHONE TH	RET, FACTORY, DITTICK, F	ARM, ETC.)	Sinti		CITA	ORTOWN	(00	JINIT	SIA	16
l		72s.t certify the	This bosts	tali attacked th	e dayeased from_	Apr	11 19	1084	to Jul	y 18	10	34	tho (1) we	e) last
ı		ser- the cross	nd of B	OULV	19_	84	nd that i (my)	iur) opinion d	death occurred on t	ne date and h	out and fr	om the	couses state	ed
ı		Th SIGNATURE	1	yiew the body	ofter deoffi.	>	DEGREE				221	DATE	SIGNED	
J		/ a	A	- VII	41		A	TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF		Jul	v 19	, 8
9		224. PHYSICIAN'S NA	AME LITTE	(Febril)	,		122e ADDRES		DIRECTOR PH	TSICIAN				
Ì		Marc I	. Lė	eavey,	M.D.		7600	Osle	r Drive	2120)4			
1	23a B	URIAL CREMATION				VAME OF C	EMETERY OF C	PEMATORY	23d LOCATION					
		SPECIFY) Buri		7/20	/84 100	edar	HIII'C	metery	Bartr	more	COUNT	Ά.	M	d
	24 F1					D	alto Mo	250 DATE	REC'D BY REGIST	RAR 25b REG	ISTRAR'S	IGNAT	URF	
		eorge J. (Gonce	4001 R	itchies.H	gwy D	alto M		L20 198				jandale	-
1										M				

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

	4	Į,		

1.	FOR STATE REGISTRAR			DEPART		HEALTH AND M			REG. NO),	0		
	CEASED NAME	FIRST	/	MIDDLE		LAST		26. DATE OF DE	ATH A	HINON	OAY	YE AR	2b. HOUR
(1990	E OR PRINT)	Joseph		Т.	M	larciano			(07	10	84	11:55P M
3. SE			RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS	LAST BIRTH	HDAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS
	Male	76.	White	e	06		17		67	YRS		OAYS	HOURS MIN.
	RTHPLACE (STATE OR COUNTRY) Connecticu		U.S.	WHAT COUNTRY?	8 MARRIE WIDOWI	D X NEVER MA	ARRIED ORCED	9. BALTIMORE		COUN		EATH	MD
10. CITY OR TOWN OF DEATH			. NAME OF I	HOSPITAL, NURSIN	G HOME			12a USUAL OCC	UPATIC	N			F BUSINESS OR
	Catonsvill		14 Sp	H FACILITY, GIVE STREET ATTOW Hil	1 Ct.			Disabil					Govt.
13a.	AL RESIDENCE (IF NURS STATE MD.	136 COUNTY Balti		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Catonsvi	/N	YES T	NO 🙀	13e.STREET ADD				. 2	1228
14. F	Joseph	A							IDDLE			C1	ark
16a \	WAS DECEASED EVER YES NO OR UNKNOWN) Yes	IN U.S. ARME (IF YES, GIVE W		381 09 6		17 INFORMAN		Marcian	ADDRES		as :		IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony gove rise to improve to improve to income to income underlying couse	mediote ng the	DUE TO, O	R AS A CONSEOU	fore	e Con	cer					2-	½ YRS
Z	PART 2. OTHER SIG	NIFICANT CO	nditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	T NOT RELATED T	O THE TERM	AINAL DISEASE O	RCOND	ITION (GIVEN IN	PARI 10	0
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED			200. AUTOPSY? 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc					
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH		FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTERNATURE	OF INJURY	Y IN ITEM I	B PART I O	R PART 2)	
MEDI	TIM INJURY OCCUR	HILE []	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f LOCATION	7	c	TY OR TOW	VΝ	co	DUNTY	STATE
	22a I certify that (I) sow the decay above, (I) (we)	stralive on	6/2	7 19	84.0	and that in my)	, 19 our) opinion	deoth occurred o	n the do	te ond h	19_		that (1) we) lost couses stated
	27h SIGNATURY	lion C	who	lexel				MEDICAL DIRECTOR	STAFI PHYSICI		2	2/	12/84
	William			d M.D.		900 C		ve. Balt	imo	re,	MD.	2122	.9

DHMH - 16 50M 4/83

(VRA 15, 4)

(SPECIFY)

MPORTANT: If Hem 21 should be detach with the State De

23ª BURIAL, CREMATION, REMOVAL 07-14-84 Burial

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery 23d LOCATION

COUNTY

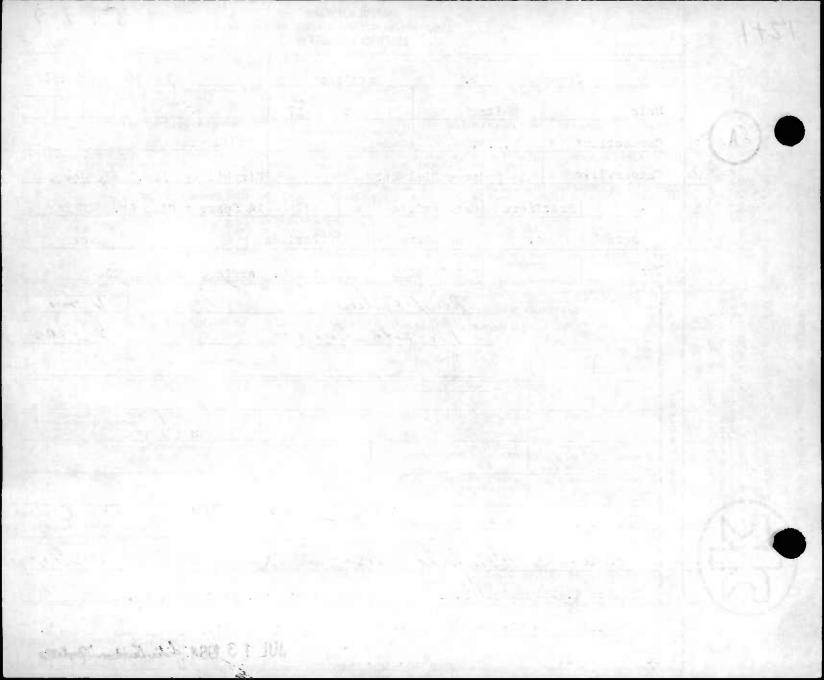
STATE MD.

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Leroy & Russell Witzke Catonsville, MD. 21228

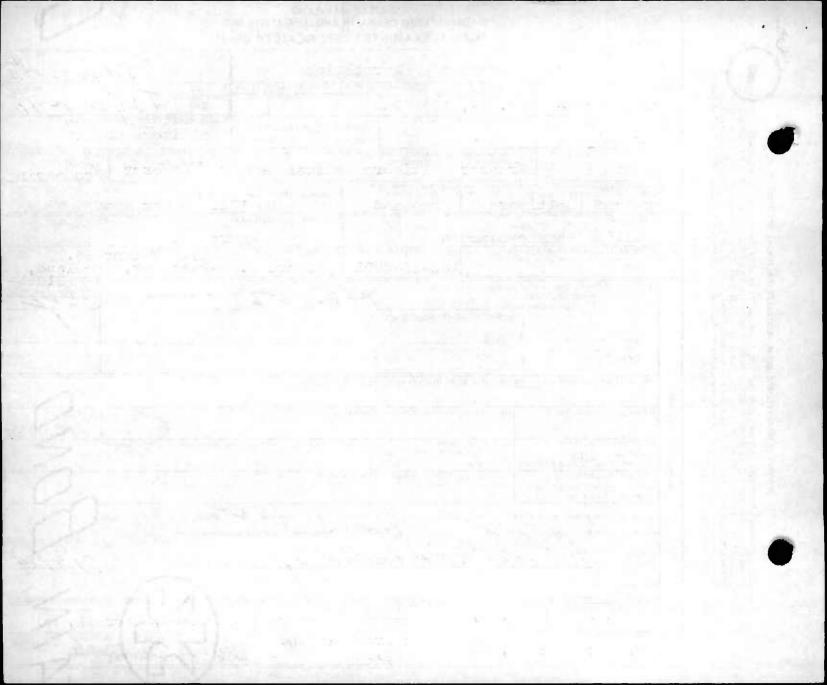
Dorsey MD.

D. BY REGISTRAR 751 REGISTRAR'S SIGNATURE

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1.	FOR STATE REGISTRAF			DEPARTMENT O	F HEALTH	MARYLAND I AND MENTAL I CERTIFICATE C		REG. N	8	8 .
	ECEASED NA YPE OR PRINT)	Neta	Fran	ces M	arste	ller		ATE KNOWN COF ESTI-	JU1-93	YEAR 7
3 S		4 RACE White	S. DATE OF BIRTH MONTH DAY Apr. 19	, 1908 7	HOAY) MONTE		MIN PRO	DATE NOUNCED \ DEAD	U/4/30	YEAR 1
9	Virg	inia	76. CITIZEN OF W		8 MARR	IED X NEVER MARR	IED D		ce Count	EATH
6	Tows		Greate		ore M	edical Co	onter	CCUPATION (TYPE) Labol Labol	rer For	DOFBUSI DOPUSTRY DOESS
, 13a.	STATE	13b. COU		136. CITY OR TOWN Freela	٧	134. INSIDE CITY LIMITS? YES NO X	13e. STREET A	DDRESS Walker	Road	3100
50		liam Buc	kley Jac			15. MOTHER'S MAID	Laura			AST
160.	WAS DECEA (YES, NO, OR UN NO	(IF YES, GIV	RMED FORCES? /E WAR OR DATES)	162-26-		Gilbert	F. Ma	1710°₩2 rstelle	lker Roer, Free	l.
	Cand gave cause	DEATH WAS CAUS	ED BY: ATE CAUSE (a) DUE TO, OF	e for (a), (b), and (c).) R AS A CONSEQUENCE R AS A CONSEQUENCE	DE OF	SCO	2		5	TEP ONSET A
NOIL						E OR CONDITION GIVEN IN PA	ART I (a).			
CERTIFICATION	IVO. DATE	OF OPERATION		ITION FOR WHICH OF					YI	UTOPSY?
3 WEDICAL CE	CONTRIBI	RNAL CAUSE WAS ING OR UTING CAUSE OF TY OCCURRED NOT WHILE AT WORK	P.A. 21e PLACE	A. MONTH DAY YE	211 LO	OW INJURY OCCURRE		OF TOWN	PART I OR PART 2}	
2		sulted fram: Nat	rge af the remains de ural causes D	Accident ,	Sycide [sy , Inspection, Hamicide ,	Undetermin		DATE SIGNED	/30/
23a.	BURIAL, CRE	MATION, REMOVAL	²³⁶ DATE 2, Aug. 2,		CEMETERY O	R CREMATORY Cemetery	23d. LOCATE	00 2+02d	Carrol1	· MI
	FUNERAL DI		1984			lin Pare	manip	sceau,	Carrott	,



ofter or ottending physician. ATTENDING PHYSICIAN:

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If Item 21 is morked or

MPORTANT

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certificate hos

TO FUNERAL DIRECTOR: After this certificate hos should be detoched for use os the buriol-tronsit per with the State Dept. of Health and Mental Hygiene

hospital

etained by the

BP.

0 been permit.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE & G	8 1 8 1
DLE LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
e. Martin.	7/1	119846 5m
S. DATE OF BIRTH MONTH DAY YEAR 17. 1889	- /102 (III.127.00 C.10.) 2	UNDER LYEAR IF UNDER 24 HRS
MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O	COUNTY M
SPITAL, NURSING HOME OR OTHER INSTITUTION ACHITY, GIVE STREET ADDRESS) JEV TOWSON NURS! Caw Ho	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING LIFE) ME MEAT (VTTER	126 KIND OF BUSINESS OF INDUSTRY FOOD
ACRESIDENCE BEFORE ADMISSION) CITY OR TOWN SALTIMORE YES NO		TREET 2120
MARTIN BARBA	RA	RYTINA
6. SOCIAL SECURITY NO. 17 INFORMANT WILLIAM 101 CEI	A. MARTINI NTRE PLACE BA	LTIMORE MI
e for (a), (b), and (c) Tarminel pri	asurvia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LA CONSEQUENCE DE Squechise puls	wary driver	102per/
S A CONSEQUENCE OF devices fix	-	zyn.
TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	inal disease or condition given	IN PART 1(a)
ON FOR WHICH OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH? NO
NJURY 21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)

PART 2 OTHER SIGNIFICANT CONDITIONS CON CERTIFICATION 19a DATE OF OPERATION 196 CONDITIO 21b. TIME OF I 21g. ACCIDENT WAS UNDERLYING HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK

220.1 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did not) view the bady after death

4 RACE

76 CITIZEN OF WI

NAME OF HO

(IF NOT IN SUCH F

DUE TO, OR

16)1

DUE TO, OR A

211 LOCATION CITY OR TOWN COUNTY

and that in (my) (عيم) opinian death accurred on the date and haur and from the causes stated

22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE

6100 YORK

22e. ADDRESS

DEGREE

23d. LOCATION

230 BURIAL, CREMAT BURIAL

22b. SIGNATURE

FOR - STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT

BIRTHPLACE

4. FATHER'S NAME

(YES, NO OR UNKNOWN)

STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE

136 COUNTY

18. CAUSE OF DEATH Enter only one cause per lin PART I. DE ATH WAS CAUSED BY

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a).

OR TOWN OF DEATH

ULSON

RANK 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which

gave rise to immediate cause (a), stoting the

underlying couse last

3. SEX

250. DATE REC

24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

saw the deceased alive on,

EASTERN / NICHOLAS T. MATTHEWS 3021

BEGISTRAR'S, SIGNATURE

S. West	AV.				
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	Barrien B			Los Augusta A	
2070	Also Dine			- Constant I	
M. Taking	Service of	A THE SHOP	on the late		
Substitute.		Seasa v	Capid Si	C. FISHING	1
A DESCRIPTION OF THE PARTY OF T		sana y Sana yan	1-10-E-12-11-1	011	
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				ald the sound out	
	The state of the state of			THE PARTY OF THE P	

STATE OF MARYLAND

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	1 -	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	H	REG. N	0.			X.
1		EASED NAME	FIRST	1	MIDDLE	4	AST	. 2	DATE OF DEATH	MONTH DA	Y YEAR	26 HO	150
1	(11PE	OR PRINT)	FLORA		NADINE		MAXWELL		July 27	, 1984		6	AM
	3. SEX	(4 RACE		S. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HR5
	F	emale		White	2	Octo	ber 8,1902	AR	81	YRS	INIHS DATS	HOURS	MIN.
Α	7a. BIF	RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	9.	BALTIMORE CITY	R COUNTY C	F DEATH		
1		CUNTRY)	pi	U.S.A		WIDOWE			Baltimo	re Cour	ıtv		MD
7		TY OR TOWN OF				G HOME C	OR OTHER INSTITUTIO	II NC	20. USUAL OCCUPAT	ION	126. KIND C		ESS OR
1	Q'a	atonsvil	le	2019	edar Cir	cle D	rive	· ·	Housewife	IF WORKING LIFE)	Own		
	13a. S Ma	ary land	13b. COU	rother institution. NTY imore	13c. CITY OR TOW Catonsv	N	13d. INSIDE CITY LIM	X	3e STREET ADDRESS 2019 Ceda		le Dri	ve	2122
	FA FA	THER'S NAME		WIDDIE	LAST.		15 MOTHER'S MAID	DEN NAME	MIDDLE		LA	ST	
	At	ttie	Fr	ank	Parke	r	Franc	es		ora		Shan	non
Л		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRI	SS			
1		Vo	(1 163,01	VE WAR OR DAILS	218-80-	5682	Richard	F. Ma	axwell Jr.	San	ne as	# 13	
1	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CO			notic	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WE			VERE FINDINGS USED IG CAUSES OF DEATH	
	ERT	21a. ACCIDENT WA	S HADEBINING F	7 21b. TIME C	E INTITION	NUMBER OF STREET			YES NO	YES		NO [
1	0 1	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA			CCORRE	- TENSTER INDICATE OF INJU	at at tight in the			
	DICA	(# EITHER, NOTIFY	CURRED	P. PLACE	M. OF IN JURY	19	211 LOCATION						
	ME	WHILE N	OT WHILE		REET FACTORY, OFFICE F	ARM ETC)	STREET		CITY OR TO	WN	COUNTY		STATE
		sow the de	censed plive or		e deceased from_	. 0	, 19_ nd that in (my) (our) o		, to oth occurred on the d	ote and hour c		that (I)	. ,
		276. SIGNATURE	obove, (II (we) (did not) view the body after death. 27th SIGNATURE				DEGREE ATTEND PHYSIC	DING CIAN	MEDICAL STA	FF (IAN []	774. DATE	SIGNED	
			ric	Fisher	M.D.		1	d Gen	eral Hosp	ital, E	3altim	ore,	Md.
		SURIAL, CREMATI	ION, REMOVA	236. DATE	23c. N	AME OF C	EMETERY OR CREMA		23d LOCATION		# OLANG		
		Cremati		7/28/			ew Memoria		k Caton	sville	COUNTY		Md.
	163	O Edmon	Russel dson Av	l C. Wit enue, Ca	zke Eune tonsvill	ral H	omes PA.	JUL JUL	3 1 1984		AR'S SIGN		·

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remave corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 23 is marked or them 18 shaws ony injury, or other troumatic event, the

filled in by the f

executed within 24 hours after

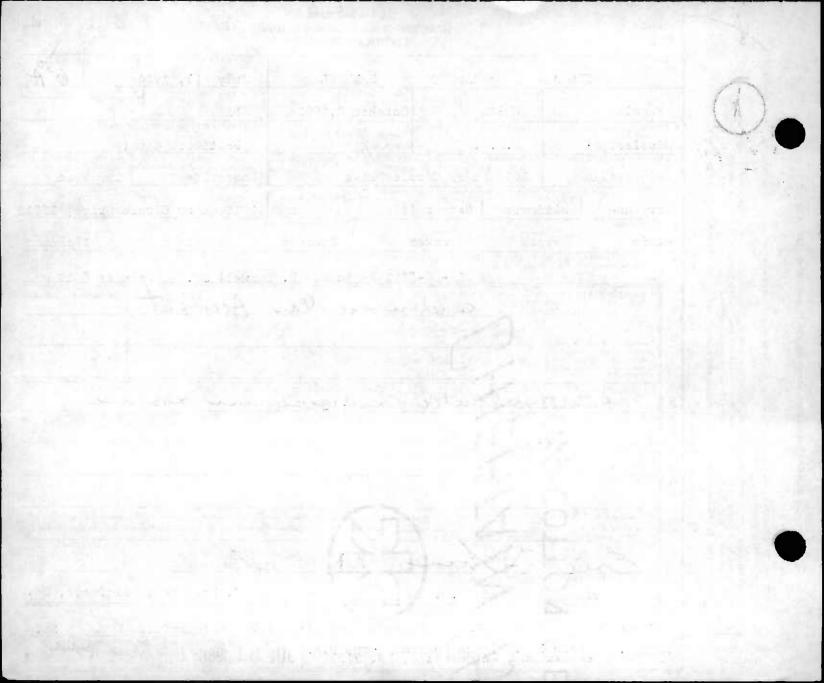
requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital ar attending physician.



anysicion and completely filled in by the funeral director. Figure 1. Pages 1 and 2 should be filed within 72 hours after

ant the medicol examin

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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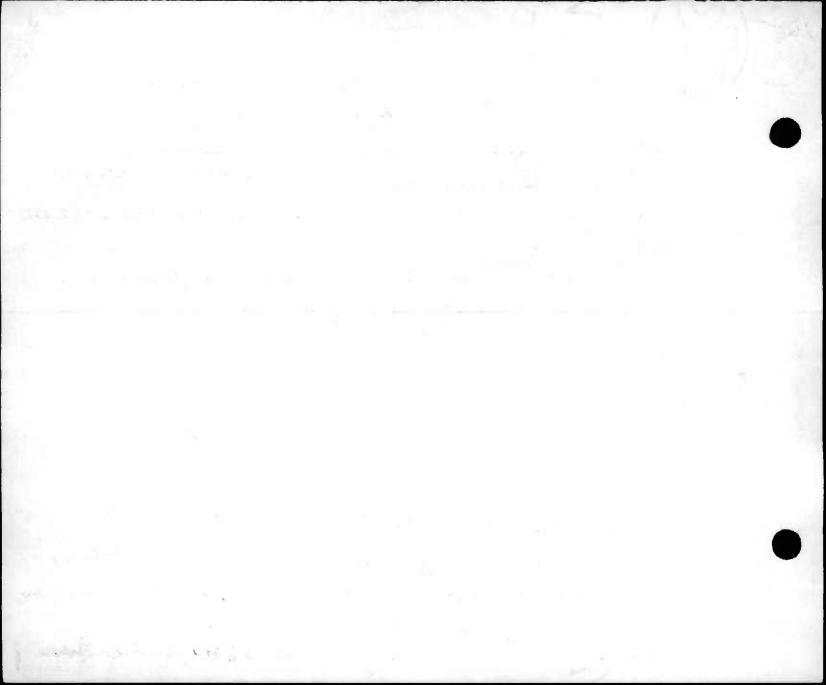
Topin Topi	MD. 55 OR
John M Mc Carty, St/ July 11, 1984 3. SEX Male	MD. 55 OR
Mare	MD. 55 OR
John J. McCarty Helen Mouse Marked Mouse Marked	MD. 5 OR
MARRIED NEVER MARRIED DONG REVER REVER DONG REVER DONG REVER DONG REVER DONG REVER DO	34
19. CITY OR TOWN OF DEATH TOWSON 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOM IN SUCH FACERTY, GIVE STREET ADDRESS) (IF HOM IN SUCH FACERTY, GIVE STREET ADDRESS) (IF HOME IN SUCH FACERTY, GIVE STREET ADDRESS) (IF HOME IN SUCH FACERTY, GIVE STREET ADDRESS) (IS STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138. CITY OR TOWN 139. STATE 1319. COUNTY 1318. CITY OR TOWN 1301. INSIDE CITY LIMITS? 1302. STREET ADDRESS / ZIP CODE 1319. STREET AD	34
Towson Section Cit Cit	234
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190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED	
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YES NO D YES NO D YES NO D	1
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
HOUR AM MONIH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STREET	
White NO White	TE
270 certify that (I) (this hospital) attended the deceased from JUNE 23 19 KH, to JUN 1 1984, that (I) (v) last
saw the deceased alive as June 34 19 84, and that in (my) (our) apinion death occurred an the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the causes starting of the date and hour and from the date and hour and the date and hour an	
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ATTENDING MEDICAL STAFF	
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JAMES H MERSEY 6701 N. (HALLES ST BANINO)	
(SPECIFY) (I) P	des
Burial July 14, 1984 Moreland Memorial Park Baltimore Md 14 FUNERAL DIRECTOR 1250 QAURECT BY REGISTRARISTORICS SIGNATURE	Dog

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If hem 21 is morked or O FUNERAL DIRECTOR. After hauld be detached for use as with the State Dept. of Health

Leonard J. Ruck, Inc. Baltimore, Md.

JUL 1 2 1984 Julia Bevilen 1



STATE OF MARYLAND

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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely lined in the the should be detached for use as the burial-transit permit. Then please remave carbanpapers: Pages 1 and 2 shewld her lived with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical erang

MPORTANT: If Hem 21 is marked or Hem 18 shows any

73b. DATE

230. BURIAL, CREMATION PE

23E. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

NAME Liberty Road Randallstown, Maryland 21123 in Davidson-Randale JUL 30 1984

THE STATE OF THE PARTY AND ASSESSED BY THE PARTY IN THE RESIDENCE INSTANCE OF THE PROPERTY OF THE PARTY OF TH

Settlet L row.

CO. San Rogers

5778 Lineary Sent David Land Washington 27178

		Ĺ	FOR STATE REGISTRAR		DEPARTA	CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		8 5
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-11	34	3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	AR IF UNDER 24 HRS
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i il	90	10 C	Towson	IT NAME OF HOSPITA (IF NOT IN SUCH FACILITY MULT I—ME				12ª USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Corporate	WORKING LIFE INDUSTE	OF BUSINESS OF STREETS
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1	00E 300	14. FZ	Thomas	J. McCu			15. MOTHER'S MAIDEN NA Annie	WE	Malo	one .
2	Popular S		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV YES WW	E WAR OR DATES)	O7 8		Mrs. Willi	am C. Man		rm. ME
quires that the death certifica	n signed by the attending phy. Then please remove corbanpol to buriol, cremotion, or remov injury, or other troumotic event	NO	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (D BY: ITE CAUSE (o) DUE TO, OR AS A C (b) DUE TO, OR AS A C	CONSEQUE	NCE OF	, CA	NINAL DISEASE OR COND	6	ORIMATE INTERVAL EN ONSET AND DEATH ON OS
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O HOS	should be deswith the Stote		Dr. William		n, M	.D.		Calvert St.	, Balto.,	MD
₽ ē BP.		1	URIAL, CREMATION, REMOVAL SPECIFY) Burial		23c. N	AME OF CE	METERY OR CREMATORY	236 LOCATION CITY OR TOWN Balto.	COUNTY	MD STATE
	16 50M 4/83 A 15, 4)	i .	NERAL DIRECTOR Henr NAME York Road	ry W. Jeni Balto., I		& Sor 2121		UL 2 7 1984	75b FEGISTRYR'S SIGN	AT Pandell

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10. C T USU 13a. M	ITY OR TOWN OF DEAT			MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR CO	County,	
13a. M		(IF NOT IN SU	ICH FACILITY, GIVE STRE	ING HOME C	or other institution arsing Home	120 USUAL OCC (TYPE OF WORK FOR House	CUPATION R MOST OF WORK	ING LIFE) INDUSTRY	of Business of
THE RESERVE OF THE PARTY OF THE	aryland			ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🙀	13e.STREET ADD	RESS / ZIP		
0	ATHER'S NAME FIRST William WAS DECEASED EVER IN	Franklin	Barr		15. MOTHER'S MAIDEN NA FIRST Amelia 17. INFORMANT		ADDRESS	Wilhe	
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d or them 18 sh	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IN EITHER, NOTHY MEDICA 21d. IN JURY OCCURRE	LEXAMINER) HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY	DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITE	M 18 PART I OR PART ?}	
orkedo	WHILE NOT WHILE AT WORK	E AT HOME, S	TREET, FACTORY OFFICE		STREET		ITY OR TOWN	COUNTY	STATE
m 21 is m	saw the deceased	this hospital) attended to dialize an June 2 or (did not) view the bod	19	84 . 01	nd that in (my) (old) opinion DEOCEE	death accurred a			that (I) (XX)
ANT. #	22d PHYSICIAN'S NAV	ME (TYPE OR PRINT)	Seros	My	ATTENDING	MEDICAL DIRECTOR [STAFF PHYSICIAN [7/14	44
# 220	Donald	O. Wood,			2 Greenm			monium,	21093
	BURIAL, CREMATION, R (SPECIFY) Burial FUNERAL DIRECTOR				Grove U. Me	th. Pho	enix.	Balto. Co	. Mar

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral stranged for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 mether states Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE

7922 Wise Avenue, Dundalk, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

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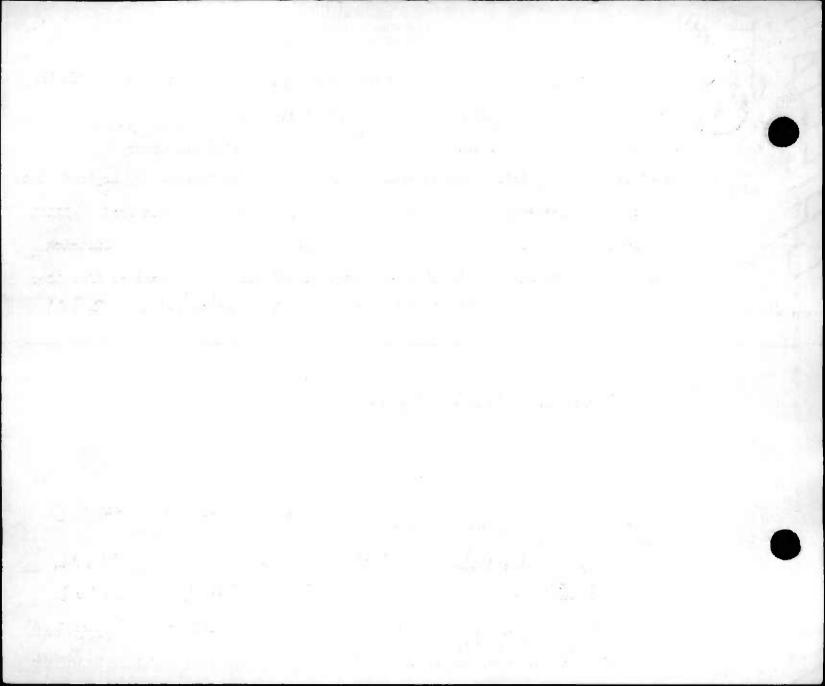
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	REGISTRAR				CEICTIO	CAIL OI D	EATT.	REG.	NO.				
	CEASED NAME	FIRST	,	AIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
(*****		Luke		W	McK	ittric	k, Sr.		7	6	84	5:0	5A M
3 SE	K		4 RACE		5. DATE O		YEAR	6 AGE IN YEARS LAST	IRTHDAY	MONTHS	DAYS	IF UNDER	R 24 HRS
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	1/2	~	1/1		M	A	TTENDING	MEDICAL ST	AFF	- 1	7.1	(8)	
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	Dr. Ad	NIG				33	35	T PAUL		2	121	02	
23e E	BURIAL, CREMATION	, REMOVAL	236 DATE	23c 1	NAME OF C	EMETERY OR	REMATORY	23d LOCATION		COU	NITY		STATE
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24 Ft	JNERAL DIRECTOR	Duda-	Ruck, I	nc. ADDRESS			25a DAT	E REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S	SIGNAT	URE	N.

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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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3.	SEX Fen	ale	4. RACE Cauca	sian	5. DATE O		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR MONTHS: DAYS HOURS YRS.
9 70	COUNTRY)	E (STATE OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED	The second second	or County of DEATH
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	underl		(c)_	R AS A CONSEQUE				
	PART 2	OTHER SIGNIFICANT	(c)	ONTRIBUTING TO L	DEATH BUT I	NOT RELATED TO THE TERM		
2	PART 2	(a), stating the ying cause last.	(c) CONDITIONS C	ONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	DITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA
	PART 2 PART 2 19a DAT 21a. ACC OR CON (IF ETH 21d. INJ	OTHER SIGNIFICANT OTHER SIGNIFICANT E OF OPERATION IDENT WAS UNDERLYING RIBUTING CAUSE OF D ER, NOTIFY MEDICAL EXAMIN URY OCCURRED	I CONDITIONS C I 96 COND I 96 COND A 10 TIME C HOUR A P 216 PLACE	ONTRIBUTING TO D	OPERATION AY YEAR 19		200 AUTOPSY? YES NO	70b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	PART 2 19a DAY 21a. ACC OR CON (IFEIT) 21d. INJI 21d. INJI 21d. INJI 22a.1 ce	IDENT WAS UNDERLYING RIBUTING CAUSE OF DEER, NOTIFY MEDICAL EXAMINA	TONDITIONS C 196 COND 196 COND 196 COND 196 COND 216 TIME C HOUR A HOR A 16R) 21e. PLACE (AT HOME. ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. OF INJURY REE1. FACTORY, OFFICE, F	OPERATION AY YEAR 19 CARM. EIC.)	211. HOW INJURY OCCURR 211. LOCATION STREET	20e AUTOPSY? YES NO RED (ENTER NATURE OF INJU	70b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23, 1984 LOUDON PARK CEMETERY JULY BP. LEROYAM. & RUSSELL C. WITZKE FUNERAL HOME OF CATONSVILLE DHMH - 16 50M 4/82 1630 EDMONDSON AVE. BALTIMORE MARYLAND 21228 (VRA 15, 4)

23b. DATE

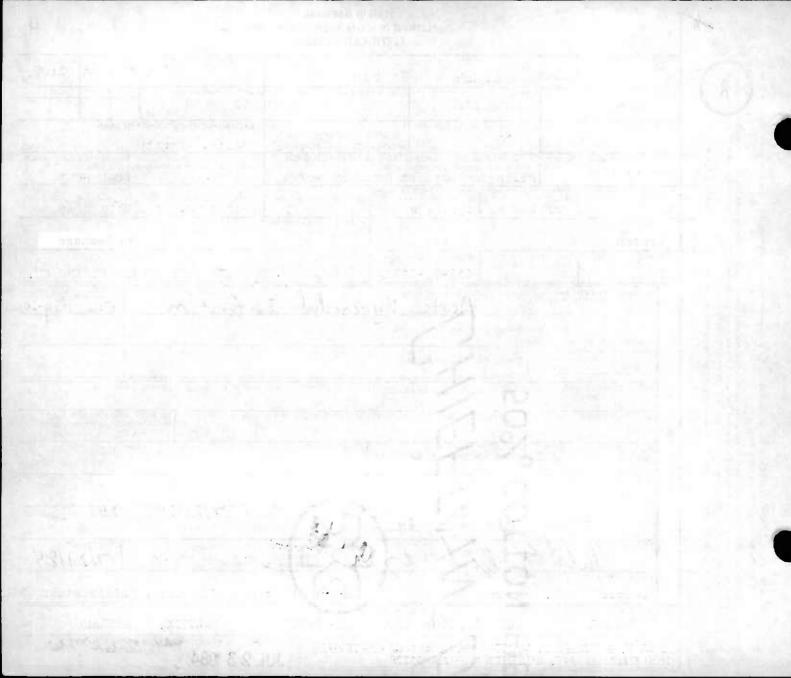
23c. NAME OF CEMETERY OR CREMATORY

3

23d LOCATION
CITY BALTIMORE MARYLAND

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DAY OF THE DAY OF THE

STATE



OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direst should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

3	at any	1	8	April 1	
	REG NO.				

1	FOR STATE REGISTRAR		DEPARTA			ID MENTAL HYG F DEATH	IENE REG.	NO.	8	0 3
	CEASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH		LY YEAR	2b HOUR
(111	Freder:	ick H. M	EIER				July 16,	1984		8:30 M
3 SI	X	4 RACE		5. DATE C			6 AGE IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male	White		5-4	-1909	Y YEAR	75	YRS.		HOURS MIN.
7a. E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEV	ER MARRIED	9 BALTIMORE CITY	_		
	Balto. (ounty	u.s.	.A.	WIDOWE		DIVORCED [Balt	imore (ounty	MD.
10 0	ossville	(IF#OT IN SUC	HOSPITAL, NURSIN THE FICELITY, GIVE STREET I	ADDRESS)			120 USUAL OCCUPA PE OF WORK FOR MOS		American American	
	JAL RESIDENCE (IF NURSING HOME O STATE 138 COU Bala		Batto.		13d. INSID	PE CITY LIMITS?	4303 Belm	or Ave.	5 ta -21 206	ndard.
14, F	ATHER'S NAME	MIDDLE	LAST		15 MOTH	ER'S MAIDEN NA	ME		LAS	
	Henry Meier	WIDDLE	LASI			Targar	et Lehner		LAS	
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFOR		• ADD	RESS		
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-01-4	308	Mrs.	Mary E	Meier - 4	303 Bel	mar Av	e21206
	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost.	(b)_	R AS A CONSEQUE R AS A CONSEQUE	en	pisc	Cerop Care.	i Chris	hore	eula	1 (yrs)
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ontributing to E	DEATH BUT	NOT RELA	TED TO THE TERM	IN AL DISEASE OR CO	ndition Give	N IN PART II	3
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
	218 ACCIDENT WAS UNDERLYING CAUSE OF DE	21b. TIME C	OF INJURY M. MONTH DA	AY YEAR	21c HOV	V INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT I OR PART 2)	
CAL	LIF EITHER NOTIFY MEDICAL EXAMINE		M	19						
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	211 LOC	ATION REET	CITY OR	town	COUNTY	STATE
	220-1 certify that (I) (this hasp	ital) attended th	e deceased from_	8/0	6/69	. 19		6/84		that (I) (we) lost
	sow the deceased alive a above (1) (y = 1) (1) it is (1) it is	on view the bady	after death.		nd that in (ATTENDING _		AFF	22c. DATE	
1	224 PHYSICIAN'S NAME (TYPE		7	100	22e ADD		DIRECTOR PHYS	6/	01	2

etoined by the hospital or attending physician. TO HOSPITAL BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION (SPECIFY)

Burial

24 FUNERAL DIRECTOR

Zion Evangelical Luth

123d LOCATION
CITORTOWN

COUNTY

COUNTY John C. Miller Inc-6415 Beleir Rd.-21206

100 miles 1000 dalio, jounte U.S.A. "Daltimone (our'er Towarelle Franklin Square looping Intermediet American 1d. Balto, Balto, x 4303 Balton Ive -21205

> against Leines Herry meter

213-01-9308 thus take & hoter - 4303 believe the -21205 (90)

Samedove

Surial 7-19-34 Lion (vangelical luth Stemess Am, M.

om . Milion Inc-6415 inhair R., -21205

			should be detached for use as the burial-tronsit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filed within 72 hours after death)		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 👚 👝
4	(5)		72 hours	rol direct		
	offined by	4	od within	the fune		
	Jugginge ho			old be file	lled in by	lled in by ald be file
3	Danie P	0		nd 2 shau	oletely fil nd 2 shaw	oletely fil nd 2 shaw
1	edicale	9		ages 1 or	and camp	and comp
/	IMPORTALIE If Hem 21 is marked or Hem 18 shows ony injury, or ather traumatic event, the medical commercial principle hom		000	papers. Po	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral direction should be detached for use to the burief transit permitted from the control of the detached for use to the detached for use the control of the detached for use the control of the detached for use to the detached for use the detac	hysician c
	matte eve	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.		carbon	ending p	ending p
	ther trave	cremation		e remave	y the other	y the otte
	ury, or at	Donigi,		en pleos	en pleos	agned by
0	in knos	2000	a neige a	ermit. Th	ermit. Th	s been s
	J8 show	D.B.	Hydian	Pronsit p	front p front p	refained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transitipe with the Korte Deat of Hanth and Mantal Harinson.
1	Sor Hern	0110110	d Manto	e burial-	this certi-	this certi e burial-
	marked	edith di	and the na	se as the	After 1	After to se os the
	em 21 is	01 01 11		o Joj pa	ed for u	RECTOR ed for u
	H he	e Dei	6	etachi	L DIR	the tong
-	7	0		Ö	A D	A A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

44	į	8	100	9	0
DEC NO					

	1 -	STATE REGISTRAR		CERTIF	FICATE OF DEATH.	REG. NO	D.			
		CEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH OAY	YEAR	2b HOU	R
	(.,,,	Jacob		Mel	kolon		7 10	84		М
	3. SEX	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER	24 HRS
/	Ma	le	White	10	24 1909	74	YRS.	DATS	HOURS	print.
2	7a. B1F	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
7	M:	ichigan	U.S.A.	WIDOWE		Baltimor	e Cour	ıtv		MD
1	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 15	26 KIND C	OF BUSINE	SSOR
		ındalk	1845 Stenge	1 Road	Ē	Tinner		Beth	1. St	teel
	USUA 13a S		LE OR OTHER INSTITUTION GIVE RESIDENCE BEH		1134 INSIDECITY LIMITS?	13e STREET ADDRESS /	7IP CODE			
)			altimore Dunda		YES NO X			oad	2	1222
11	14. FA	THER'S NAME	MPDU JAIS		IS MOTHER'S MAIDEN NA	ME		1921		
Ø	Ja	acob	Mekolor	Sr.	Mary	MODIE	B	rodo	wsk	í
	18a. W	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		17. INFORMANT	ADORE				_
	No		213-07	7-1274	Ruth Mekol	on	Same	as	13e	
			r only one cause per line for (a). (b),	and lett.	1-1-	Poro	hac !	MTWEEN	CHSET AND	OEATHs
		PART I, DEATH WAS CAI	DIATE CAUSE 10).	carde	d informers	m 7 dus	Shet bush	UH	muel	ule
			- 1	QUENCE OF	1 -1	~ 00	1	540	. 0	4
	Ì	Conditions, if any, which	(1)	Miny	more info	retion	1000	lin	mod	ru
		gove rise to immediate couse (a), stating the		SHENTE OF	4 1- 1			-		
		underlying couse lost		200,100,01	ASOUD			20	yea	4
		PART 2 OTHER SIGNIFICAT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONE	OITION GIVEN I	N PART I	U	
	CERTIFICATION	W	true Joullats	ion .	CHF					
3	CA	1% DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDI	NGS USE	LHS D
	ZTIF					YES NO	YES [NO []
2		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LICHE A M. MONITH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART ?)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAM		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	CE FARM EIC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	4	TATE
	1	AT WORK AT WORK				1 -1		- well		
			ospital) attended the deceased from		. 19	, to 1/2		87.	that (I) (
		saw the deceased alive above, (I) (we) (did) (did	d not) view the body alter death.	, 0	nd that in (my) (our) apinion	deoth occurred on the do	ite and hour and	d from the	causes ste	oted
		226 SIGNATUR	$-\infty$.		DEGREE	lance.		22c DATE	SIGNED	'A
		Alei	2 Villemen	/	ATTENDING PHYSICIAN	MEDICAL STAF	IAN [11/89	<i>P</i>
/		224. PHYSIQIAN'S NAME (TO	YPE OR PRINT)	, .	22e ADDRESS		12/	,		
		HECTOR L.	FELICIANO 1	M.D	17200 N	· Joint	14	21	219	
		BURIAL, CREMATION, REMOV	VAL 236 DATE 23	NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF LOWN	co	UNTY		TATE
	Bi	urial	7/13/1984	Chri	st Lutheran				[arv]	

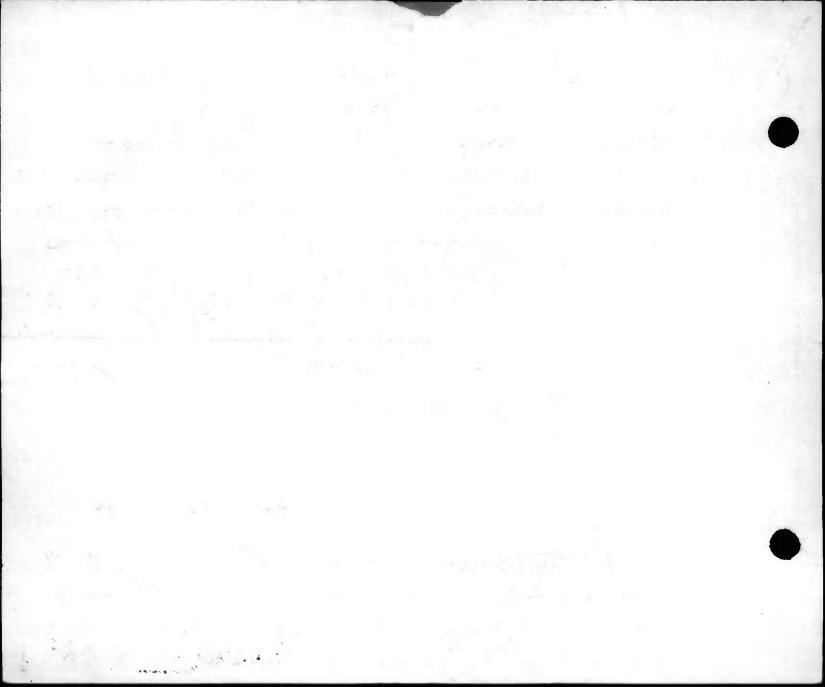
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FOR

7922 Wise Avenue Dundalk, MD. 21222 230 DATE REC'D. BY REGISTRAR ISB REGISTRAR'S SIGNATURE

JUL 1 2 1984



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fune should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: # Hem 21 is marked ar Hem 18 shows any injury, ar other traumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

61	1	8	Î	4	

FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		1 6	7 1
1. DECEASED NAME FIRST	MIDDLE	LAST	REG. N		HOUR
(TYPE OR PRINT)				18, 1984	P
William	Earl Merec	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		D PM
3. SEX		MONTH DAY YEAR			OURS MIN.
Male	White	Oct. 8 1898	85	YRS.	
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	The state of the s	R COUNTY OF DEATH	
Maryland	USA	WIDOWED DIVORCED		re County	MD.
ID. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATI		USINESS OR
Reisterstown	12370 Bonerest		Type Se	tter B-	00
USUAL RESIDENCE (IF NURSING HOME COLORS			13. STREET ADDRESS	2	1136
	alt. Rei			ncrest Dr.	1100
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA			
Robert	Mere	dith Nellie	MIDDLE	To	d d
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		ADDRE		-
(YES, NO OR UNKNOWN) (IF YES, G	705 05	6716 Mary Tawr	ev 12370	Boncrest D	r.
			10, 12,70	APPROXIMA	
PART 1. DEATH WAS CAUS	only one couse per line (6) to y(b). SED BY: ATE CAUSE (0)	resolution (V	Resease	Un	may
IMMEDIA	Λ	THE LOS OF		1	
Conditions, if any, which	DUE TO, OR AS A CONSEC	Well Milletin		12/20	un
gave rise to immediate cause (a), stating the	(0)				
underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 1/2	
	CONDITIONS CONTRIBUTION	DO THE TEN	WAL DISEASE ON COIL	DINOR ONER INTAKT NO	
190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS	USED
IFIC			YES T NOM	IN CERTIFYING CAUSES OF	DEATH?
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR			70 []
		DAY YEAR			
OR CONTRIBUTING CAUSE OF D	P.M. 21e PLACE OF INJURY	19 211 LOCATION			
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI		CITY OR TO	COUNTY	STATE
AT WORK AT WORK		A. 1 (2 30	A	16 00	
	protection (la 19		to group		t (II (we) lost
	t) yew the body ofter death.	and that in (my) (pur) opinion	death accurred on the d		
276. SIGNATURE	1 -1 -	DEGREE		22c. DATE SIC	SNED
(: 2/1 u	Illeanis	ATTENDING PHYSICIAN	MEDICAL STA		-84
22d. PHYSICIANS NAME LIVE	ORPRINTI	22e. ADDRESS	Λ.	/ I	1 -
C. EMC	UILLAMS 1	M.D 1/904 Kaster	stom Kl. 7	Esseptim M.	3//36
23e. BURIAL, CREMATION, REMOVA	AL 236. DATE 2:	31. NAME OF CEMETERY OR CREMATORY	23d LOCATION		-
Cremation	July 19, 84	Carroll Cremation	Hampstos	d Carroll M	STATE
24 FUNERAL DIRECTOR	171		E REC'D. BY REGISTRAR	25b/REGISTINAR'S SIGNATZIN	

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

retained by the hospital or attending physician

Eline Funeral Home

11824 Reist.

JUL 2 4 1984

Davidson-None

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI	IENE O REG. NO	0.	1 64
	CEASED NAME OR PRINTING HED	ivig	Martha 1	ME	TZGER	20. DATE OF DEATH	27-84	12 SAM
	emale	4. RACE White	C	S. DATE C	DE BIRTH	6. AGE (IN YEARS CAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS. R COUNTY OF DEATH	
1	RTHPLACE (STATE OR FORE COUNTRY)	U.S.A.		WIDOWE		Baltimor	e County	MD
1	TY OR TOWN OF DEATH andallstown	(IF NOT IN SU	HOSPITAL, NURSING ICH FACILITY, GIVE STREET AD WEILE COUN	DRESS)	GEN HOSTIFE	120. USUAL OCCUPATION OF STATE OF WORK FOR MOST OF STATE OF WORK FOR MOST OF THE STATE OF THE ST	F WORKING LIFE) INDUSTRY	
Ma	AL RESIDENCE (IF NURSING ITATE ITS)	HOME OR OTHER INSTITUTION	n, GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltimore		YESX NO 🗆	3622 Reist	erstown Rd.	21215
4	THER'S NAME aul	WIDDLE	Jahnichen		Selma	MIDDLE	(unknow	vn)
160. W	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? F YES, GIVE WAR OR DATES)	21630 78	17 NO.	Nathan Metzo	ger same a	s 13e	XIMATE INTERVAL
NC		lost. (c)_	OR AS A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	10
CERTIFICATION	19a. DATE OF OPERATIO	N 196. CON	DITION FOR WHICH C	PERATIC	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	216. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HOME. S	OF INJURY TREET, FACTORY, OFFICE, FAR	IM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	27e.I certify that (I) (the saw the deceased	is hospital pitended to		14.0	nd that in (my) (our) opinion o	death occurred on the d		
	726. SIGNA WALLEY	11/10/5			ATTENDING PHYSICIAN	MEDICAL STA	FF /	E SIGNED
	224 PHYSICIAN'S NAMI	PLAV.	REDDY	1	220 ADDRESS KSAM	enn 1	MY 21133	EN HE
	SPEC V				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
24. FU	remation UNERAL DIRECTOR NAME Brooks		ADDRESS		MD 21222	RECOO REGISTRAN	e Maryland	Hondall

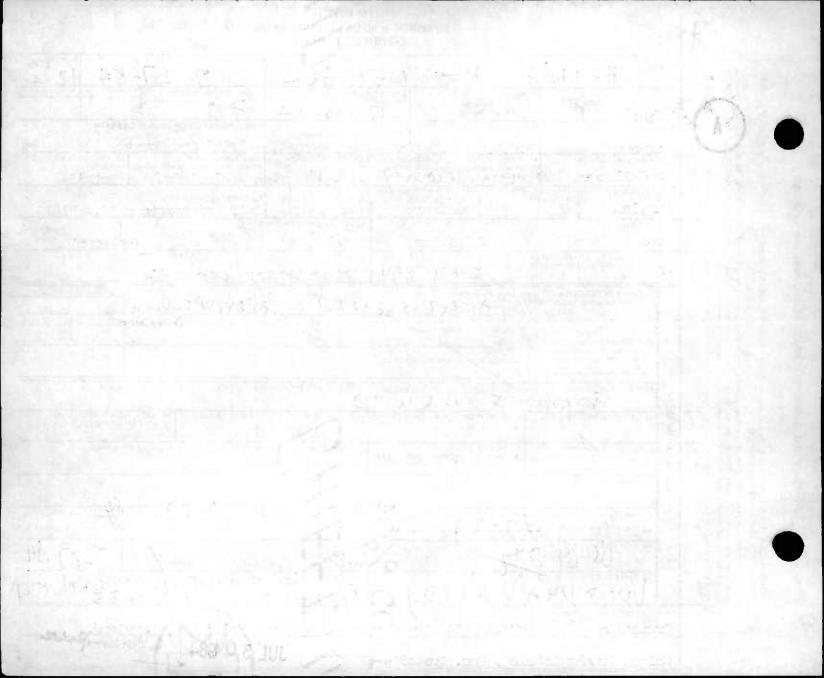
DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. W. ORTANT If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event. In

retained by the hospital or attending physician.

(VRA 15, 4)

BP.



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 2a. DATE OF DEATH 1. DECEASED NAME Myrtle (TYPE OR PRINT) Irene Miller July 23, 1984 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE Female White Sept. 25, 1933 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED [] WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE SUCH FACILITY, GIVE STREET ADDRESS) LO Park Heights Ave. Owings Mills USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 131. CITY OR TOWN Balto. 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. Owings Mills 11810 Park Heights Ave. YES 🖂 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Orvis MIDDLE Resh Nora 11810 Park Heights Ave., 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 218-62-0277 (IF YES, GIVE WAR OR DATES) Ray M. Miller Owings Mills, Md. 21117 No 18 CAUSE OF DEATH (Enter only one cause per line/for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A COMSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) pttended the deceased from descere 110 and that in (my) (exc) opinion death accorded on the date and hour and from the causes stated saw the deceased alive on_ above, (1) (me) (did not) wew the body after death. SIGNATURE DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT The ADDRESS

STATE OF MARYLAND

231 NAME OF CEMETERY OR CREMATORY

Evergreen Mem.

26. HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

STATE

IF UNDER 24 HRS

21117

IF UNDER 1 YEAR

INDUSTRY

Bittinger

YES [

Finksburg,

25a DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

COUNTY

Carroll. Md.

22c DATE SIGNED

a. M

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

July 23, 1984 5 a.		naLLIN	nitir f		
00	25, 1933	.200			
Delicione County					Mary Lord
None Top I woned		va establish	ATAL OLD		of marker
Till Park method and Mail		# E E 12 10 10 1			
Distinger of the second	roil				steel
lield Park Hoishte Arm Ovings Mills, Md. 21117	y H. MILLO	·1	1-838		
einiconer, Cenrell, Ed.	Man Wall	ectateva 40	1, 25,19	g Ta	
		Mille, W.	egnino		

requires that the death certificate be executed within 24 hours offer

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FOR

STATE OF MARYLAND

	JIMIL	01 111	2415.00	. Pelito		
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE	-
CE	RTIF	CATI	OF	DEATH		

-	6	V		
REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	2b. HOUR

1	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO		
	1. DECEASED NAME FIRST	MIDDLE	20 11	IST 2	a. DATE OF DEATH	AONTH DAY YEAR	26. HOUR
	HNNA	9 K.	1/1/	12EL	JULY	10, 1984	12:50 M
		4. RACE	5. DATE O	· Olkilly	AGE (IN YEARS PAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	White	12	/1/1898 1	85	YRS.	
-	COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED 9	BALTIMORE CITY OF	- //	
>	Balto. City	USA	WIDOWE		BALTIM	PORE COU	NTY MD.
7		11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY GIVE		1/	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		OF BUSINESS OR
1	TOWSON	ST. 103	SEPH T	HOSPITAL H	lome Make	r	
	NUSUAL RESIDENCE (IF NURSING HOME OR OF 130. STATE 13b. COUN' Balt	ITY / 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	Sestreet ADDRESS / B113 Gard	zip code en Ave., 2	1234
	14 FATHER'S NAME FIRST N	WIDDLE LAS	T.	15. MOTHER'S MAIDEN NAME	T-LOCAL C	241	N1
10	John	Wachte	er	Elizabe	eth	Funk	
	160 WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRES		
	no		5-4436	Mildred E. F	51534 31	13 Garden	Ave.
1	It. CAUSE OF DEATH (Enter only	y one couse per line for (o), (b), and (c).)	T. 57 0 "	, ,	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (0) UNI	rary,	rad unjecc	un un	6	
		DUE TO, OR AS A CONS	SEQUENCE OF	West Co.	-	,	
	Conditions, if ony, which	((b)	syam	Negarive	Jepsu.		
1	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	0			
4		(c)					
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR COND	ITION GIVEN IN PART 11	0
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS			20a AUTOPSY?	20b. IF YES, WERE FINDI	
	I I				YES NO	IN CERTIFYING CAUSES YES	NO [
	21a. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	10	19				
	G CONTRIBUTING CAUSE OF BEAT OF ENTRY OF CURRED 21d. INJURY OCCURRED	21e. PLACE OF INJURY	SECULE CARM FIC)	211. LOCATION STREET	CITY OF FOW	n COUNTY	STATE
	AT WORK NOT WHILE	(ATTIONE STREET, FACTORY, O		T (1.	- /	1	
	22a.1 certify that (I) (this hospite	11 10	rom /-	1984	. to / -/(1984.	that (I) (we) last
	sow the deceased alive on above, (II (we) field) (did not	what the bady after death.	19/4, on	d that in (my) (our) opinion de	oth occurred on the do	te and hour and from the	couses stoted
	77% SIGNATURE	31.101	1	DEGREE ATTENDING	MEDICAL _ STAF	22c. DATE	SIGNED
	MICC	micai	m	PHYSICIAN E	DIRECTOR PHYSICI		10-04
	131 PHYSIC INN'S NAME (1179E OR	HILADI,	MO.	7600 CS	LER D	Towson	21204
	230. BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	D_UGUMIY—	MINIAIE
1	Bürlal	7/13/84	Morelan	d Memorial	Balto.	Balto.	, MDIATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filling in should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

24 FUNERAL DIRECTOR John Miller, Inc. 6415 Belair Rd. 21206 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 1 7 2
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
AGNES	n	MACALENI	THE Y	0 1984 91% M
3. SEX	4 RACE	MOFSLEIN Is, DATE OF BIRTH	6. AGE TIN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS.
FEMALE	WHITE	MONTH DAY YEA	7/	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE STATE OR FOREIGN			BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	USA	WIDOWED V DIVORCE		COHNTY MD.
10 CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTIO	ON 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
TOWSON		h Hospital -Tow	son Housewife	Homemaking
MD BA	OUNTY 13c CITY (TIMORE YES NO	B720 EMGE RD	21234
14 FATHER'S NAME	TT 1	IS. MOTHER'S MAID	WIDDLE	Roth
Gustavu 160 WAS DECEASED EVER IN U.S		AL SECURITY NO. 17. INFORMANT	ADDRESS	100011
	S, GIVE WAR OR DATES)		Reichart 4814 L	ong Green Rd.
Conditions, if any, which gave rise to immediate cause 101, stofing the underlying cause last PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO			S, WERE FINDINGS USED
THE STATE OF THE S				FYING CAUSES OF DEATH? ES NO NO
	F DEATH HOUR A.M. MON		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18.	PART T OR PART 2}
GIVE EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		CITY OR TOWN	COUNTY STATE
saw the deceased alivabove, (I) (we) (did) (di	e an additional the deceased and analytics the body attraction	h. 1904 , and that in (my) (our) o	pinion death occurred an the date and ho	
226. SIGNATUS	Blutech	DEGREE ATTEND PHYSIC 220 ADDRESS	DING STAFF CIAN DIRECTOR PHYSICIAN	7-20-84
AH-C	BHILAD	1, MD 7600	OSLER DI	Towson 204
23e BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMA	CITY OR FOWN	COUNTY STATE
Burial	1 w 00 01.	Daylor of Come	70 4 1 1	
DULLAL	7-23-84	Parkwood Cemet	ery Baltimor Date REC'D. BY REGISTRAR 256. REGIS	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

njury, ar other traumatic event, the

IMPORTANT: If them 21 is marked on them 18 shows any

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after the IT. Petained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in 15, the fundation should be detached for use as the burial-transit permit. Then please remove carbon pages is and 2 months of the utility of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remoral.
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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARTLAND	52	/:
EPARTMENT OF HEALTH AND MENTAL HYGIENE	0	the state of the s
CERTIFICATE OF DEATH	- 110	REG. NO.
1007	DATE	DE DEATH MONTH

1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	GIENE &	REG. NO.	0 1	7 9
	DECEASED NAME FIRST (TYPE OR PRINT) Ver		illian		UELLER		29, 1984	OAY YEAR	8:25AM _M
3	SEX	4 RACE	0.415/25.3=	5. DATE C		6 AGE (INYEA	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	Female	Whit	e	12	24 15		68 YRS		HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D X NEVER MARRIED DIVORCED D	Baltimore Balt	imore Co	unty,	MD.
1	Rosedale	(IF NOT IN SUC Fran	nklin Squa	are Ho	ospital		CUPATION OR MOST OF WORKING Oinder	SUFEL INDUSTRY	ishing
1	USUAL RESIDENCE (IF NURS NO FINE COU 30. STATE Maryland	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	5417	Remme11	Avenue,	21206
14	I. FATHER'S NAME FIRST Mac D	uff	Taylor		15. MOTHER'S MAIDEN NA FIRST 01a		MIDDLE	Mass	engill
16	60 WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	134-14	ADDRESS		
L	NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	242-34-9	9302	Marjorie F.	Costa	5417 Rei		e., 2120
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ASYSTOLE IMMEDIATE CAUSE (o)_							MATE INTERVAL ONSET AND DEATH
N	Conditions, if ony, which gove rise to immediate cause lo1, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT Cancer of	CONDITIONS C		DEATH BUT		MINAL DISEASE (OR CONDITION (GIVEN IN PART 10	0.
1	Cancer of 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		YES, WERE FINDE RTIFYING CAUSES YES [
		ATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	IS PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that X) (this hosp sow the deceased alive a above X) (we) (did) (Nix i)	oitol) attended the July y	29, 19	July 84	18, , 19 84 nd that in (my) (our) apinion	deoth occurred		ond from the	that X 1 (we) lost
	Permas	Kn	sonl		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	7/2	19/8L
	Thomas Lan		.D.		9000 Fran	nklin Sq	uare Dri	ve 2123	37
2	30 BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ION TOWN	COUNTY	STATE
L	Burial	08-03	1-84 Ma:	rylan	d Nat'l Mem.P	k Lam	re1	P G M	aryland
2	4 FUNERAL DIRECTOR Hubbard Funeral	Home,	Inc. 4107	Wilk	21229 ens Ave. AUC	TE REC'D. BY REG	GISTRAR 256 REG	STRAR'S SIGNAL	Mare

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STATE OF MARYLAND

FOR STATE REGISTRAR				EALTH AND MENTAL HYG	IENE 8 4	0.	8 1	4 /
I. DECEASED NAME FIRST (TYPE OR PRINT) ROBE.		AIDDLE .	MUIR	NST .	20. DATE OF DEATH	MONTH	5, 1984	26 HOUR 4:45 a
3 SEX Male	4 RACE Wh.	: + 0	DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER LYEAR	R # UNDER 24 HR5
70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Glasgow, Scotlan	U.S.	A. N	VIDO WEI		9 BALTIMORE CITY C Baltimore	Coun	ty	M
IO. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE OF NURSING HOME	Greate:	HEACHITY, GIVE STREET ADD	e Me	dical Center	Operating	Rm.	Chest	er Co.Me
Maryland Ce		Port Depo	- 1	13d INSIDE CITY LIMITS? YES NO 🔯	Technicia 13. STREET ADDRESS P.O. Box			Ctr. -904
William	MIDDLE	Muir		IS MOTHER'S MAIDEN NA FIRST Marion	MIDDLE		liamson	A51]
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	219-34-10		Mary L. Muir	Port		osit, M	Md. 2190
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	EDDY	line for (a), (b), and (c Cardiac ar:					APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	(b)		erot	ic and hypert cular disease		liova	s-	
PART 2. OTHER SIGNIFICANT Collapse	_	ontributing to DEA			INAL DISEASE OR CON	DITION G	IVEN IN PART 1	lo:
Collapse 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH OP	PERATION	N WAS PERFORMED	20a AUTOPSY? YES X NO	IN CERT	ES, WERE FIND TIFYING CAUSE YES K	
210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	YFAR	21E. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	

OR CONTRIBUTING [] CAUSE OF DEATH 19 P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

84 84 6/2/ 22a.f certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an abave, (1) (we) (did) (did no and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated 22E. DATE SIGNED

22b. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN X ATTENDING

22e ADDRESS Rudiger Breitenecker, M.D.

6701 N. Charles St. Baltimore 21204

23c NAME OF CEMETERY OR CREMATORY Vest Chester 230 BURIAL, CREMATION, REMOVAL 23b. DATE July 9,1984 Chester Cratin and Ferris Cremation

AXXX, YPO FIVE 11e, Maryland

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

COUNTY

STATE

Penn.

July 5, 1984

DHMH - 16 50M 4/B3 (VRA 15, 4)

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IMPORTANT: If them 21 is morked or

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After this certificate has PHYSICIAN: The

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ATTENDING

HOSPITAL

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TO FUNERAL DIRECTOR:

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STATE OF MARYLAND

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В	1			REGISTRAR			CERTIFICATE OF	DEATH	REG. NO	9		
				EASED NAME FIRST	MIDE	DIE ///	CCRALIAST A	WA 1	DATE OF DEATH	MONTH DA	A	26 HOUR
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30.4	poge er deo		3. SE>		1 RACE	,	5 DATE OF BIRTH		AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
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è	- 4 m			Y OR TOWN OF DEATH		SPITAL, NURSIN	G HOME OR OTHER IN		28 USUAL OCCUPATE TYPE OF WORK FOR MOST OF		12h. KIND OF	EUSINESS OR
s of	by th	10	Co	TONSVIlle 2122	8 Swing C	- 1	ospital Ce	ster "	MIA	WORKING (IFE)	N	llA
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é	or T	<u>ب</u> —	CERTIFICATION	190 DATE OF OPERATION	TIAN CONDITIO	N FOR WHICH	OPERATION WAS PERF	OPMED	20a AUTOPSY?	206 IF VES	WERE FINDING	CS LISED
0		99	FIC.	THE DATE OF OFERALIOIS	170 CONDING	ATTOR WITHEIT	OF ERAFIOIT WAS TERN	OKMED		IN CERTIFY	ING CAUSES	OF DEATH?
The	cote hos ronsit per Hygiene	š —	RTI	21a ACCIDENT WAS UNDERLYING	216. TIME OF I	I II IDV	Tal. HOW	INTERIOR OCCUPANT	YES NO	YES		NO 🗌
A N	0 5 F.	201		OR CONTRIBUTING CAUSE O	110110 4 41	MONTH D	Y YEAR	INJURY OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM IB, PA	RI I OR PART 2)	
SICI		E 7	Q.	(IF EITHER, NOTIFY MEDICAL EXAM			19					
PHY		ō /	MEDICAL	216 INJURY OCCURRED	21a PLACE OF (AT HOME, STREET,	IN JURY FACTORY, OFFICE, F	ARM, ETC.) 211 LOCAT		CITY OF TOW	/N	COUNTY	STATE
5 6	fter th or	Horked	_	AT WORK AT WORK					,			
OZ Ö	Use A	Ĕ		22a I certify that (1) (this h			110×19/		. 10 July	0/	9 84.1	hot (I) (we) last
TTE		7		sow the deceased alive above, (I) (we) (did) (di	d not) view the body off		and that in (m	y) (our) opinion de	oth accurred on the do	ate and hour	and from the c	auses stated
8	DIRE	E e		226 SIGNATURE		1 1	DEGREE				22coDATE S	IGNED
A Se	At DIRE	± 		M. IN	memo	de.	MO.		MEDICAL STAF		July	10181
SPIT.	FUNERAL	Z		224 PHYSICIAN'S NAME (T	PE OR PRINT)	1	22e ADDRI	ESS		7	P	mifles 5
HOSPIT	D D E	Š		ARTANG	MIKER	IGB!	Mr. Spr	rival Gra	YEOH SV	. Cans	DAIT	MO.
5 5	Shoul with	₹+	23o 8	URIAL, CREMATION, REMO	VAL 236. DATE	230	AME OF CEMESERY OF	R CREMITORY.	123d. LOCATION			
ВІ	o		(5	ESTIDIAL PROPERTY	7-13-5	24 4	Vila Vill	Dear Hail	CITY OR TOWN	tunias.	COUNTY	M STATE
DI			24 FL	NERAL DIRECTOR	1 1 1 0	1 10	very range	25a DATÉ R	REC'D. BY REGISTRAR	25haREGISTR	AR'S SIGNATI	JRE .
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)	(TYPI		E Muse Jr.		LAST	July 19,	1984		26 HOUR 8AM
	3. SE	Male	White	Au	of BIRTH DAY 27 YEAR 1910	6. AGE TIN YEARS LAST BI	YRS	UNDER I YEAR	HOURS
35		Maryland	U.S.A.	WIDOW			re Coun	ty	
70	(Catonsville AL RESIDENCE IN NURSING HOME OR C	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Summit Nurs	sing Ho	ome	Itype of work for most of Physician	OF WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINES
35	130 3	STATE Maryland ATHER'S NAME	TY I3c. CITY OF T	imore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6105 Piz	nehurst	Rd.	212
300		Joseph E Muse				MIODLE MIODLE	Trave	ers (ASI	
2 Sept.		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE NO	NED FORCES? 166 SOCIAL SE	ECURITY NO.	Mrs Mary Gr	iffin d	6105 Pi r	nehurs	t Ro
emovol.	,	18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE		Dels u	re Cons	rulsion	2	BETWEEN O	nate intervenses and d
oumatice		Conditions, if ony, which	DUE TO, OR AS A CONSEC	erel	ro Vascula	V Dises	use	unh	inn
U -		gave rise to immediate							
ol, cremi		couse (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEC	OUENCE OF	rge			ent	nue
r to burial, cremi	NOI	couse (a), stoting the	(c)	G	rge_ TAGT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	enf IN PART 1(a	nac
iene prior to burial, creminows any injury, or other t	TIFICATION	couse (a), stoting the underlying cause last.	(c)	TO DEATH BU		200. AUTOPSY?	DITION GIVEN 20b. IF YES, WIN CERTIFYIN YES [ERE FINDIN	GS USED OF DEATH
ental Hygiene prior to burial, cremitem 18 shows any injury, or other t	CAL CERTIFICATION	couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	TO DEATH BU		20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	/ERE FINDIN	OF DEATH
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ote Dept. of Health and Mental Hygiene prior to build, crem. 11: If them 21 is marked at Item 18 shows any injury, at other to	-	couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(c) DNDITIONS CONTRIBUTING 1 19b CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (All HOME, STREET, FACTORY, OFFICIAL) attended that deceased from	DAY YEAR 19 CE FARM, ETC.)	211. LOCATION STREET 19 10 d that in (my) (****) Opinion d DEGREE	20a AUTOPSY? YES NO ED (ENTER NATURE OF INJU	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WWN 19	VERE FIND IN UG CAUSES I ORPART 2) COUNTY	OF DEATH NO
ith the State Dept. of Health and Mental Hygiene prior to burial, cremin PORTANT. If them 21 is marked or Item 18 shows any injury, or other the state of the sta	-	COUSE (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK (I) (this hospital saw the deceased alive an obove, (I) (which is a control of the control	ONDITIONS CONTRIBUTING 1 19b CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIN view the bady after death.	DAY YEAR 19 CE FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 19 10 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	Z00. AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR 1C	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WWN 19	COUNTY COUNTY 22c DATES	OF DEATH NO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

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n signed by the ottending physician and completely filled in by Then please remove carbonpopers. Pages 1 and 2 shauld bir till

		FOR			DEDADTA		E OF MAKTLA		HENE 8	1 0	do	0 0
	1 -	STATE REGISTRAR			DEFARIN	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME	FIRST						YEAR	2b HOUR		
4	(TYPE	OR PRINT)	OSEP	PH Francis NEUB			BECK			7-4 1	984	2:06Pm
	3 SEX	х		4 RACE		5. DATE C		WEAD	6 AGE IN YEARS LAST BIR	THDAY) IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN.
).	Ma	le		Caucasian D		Dece	December 23, 1909		74	YRS.		MA.
125		RTHPLACE ISTATEOR	FOREIGN		WHAT COUNTRY?	MARRIE	D X NEVER M	ARRIED 🗆	9 BALTIMORE CITY O	-		
1/	_	I ry I and ITY OR TOWN OF DE	ATH	U.S.A.	HOSPITAL, NURSIN	WIDOWE		ORCED	BALT IMO			MD. F BUSINESS OR
56	T	OWSON		GBMC SU	6701 N.	CHAF			Nurseyman-	- Loudgr	Nurs	sey
90	Ma Ma	AL RESIDENCE (IF NUR STATE Iryland	Balti	OTHER INSTITUTION ITY MOPE	Pikesvil			NO [X]	556 Sudbre	zip code ook Lane	Pike	Md. 2120 sville
12/		John FIRST	Jan	MIDDLE	Neubeck		15 MOTHER'S		Mae	F	yland	1
0	16 - 30	AVAS DECEASED EVED			166 SOCIAL SECUI		17 INFORMAN	Mrs.	Fuelum ADDRI		•	4
nedic	No s, no or unknown (IF YES, GIVE WAR OR DATES) 212-10-653						17 INFORMANT Mrs. Evelyn ADDRESS Neubeck 556 Sudbrook Lane Pikesville, Md. 21208					1208
event, the medico		18 CAUSE OF DEAT	H (Enter on	lly one couse pe	r line for (a), (b), and	d (c)			44.10			MATE INTERVAL DNSET AND DEATH
cever				E CAUSE (o)	RESPIRAT	IURY	AKKES	1				
оппор		Canditions, if any		DUE 10, (EVERE CI	HRON	IC OB	STRUC	TIVE			
njury, or other troumotic		gove rise to immediate couse (a), stating the underlying couse last. DUETO, OR AS A CONSEQUENCE OF PULMONARY DISEASE AND CONGESTIVE HEART FAILURE							_U RE			
ry, or	_	PART 2 OTHER SIG	nificant (AINAL DISEASE OR CON			
	TION	19a DATE OF OPERA	TION	TIN COND	ITION FOR WHICH	ODERATIO	NIWAS DEBEOR	24450	20a AUTOPSY?	20b. IF YES, W	EDE EINIDIN	CC HCCD
ows any	CERTIFICATION	148 DATE OF OPERA	TION	148 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFOR	(MED	YES NO	IN CERTIFYIN	G CAUSES	
18 sho		218. ACCIDENT WAS UN		21b. TIME C		Y YEAR	21c HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	m, f
Feat	MEDICAL	(IF EITHER NOTIFY MED	ICAL EXAMINER) P	.M. OF INJURY	19	211 LOCATIO	N				
rkedo	MEC	WHILE NOT W	ние 🗍		REET FACTORY OFFICE FA	ARM ETC)	STREET	, ,	CITY OF TO	WN	YINUO	STATE
OE S		22s I certify that (I		- 1.	he deceased from	7= =	3	. 19. 84	10 7-4			that (I) (we) last
m 21		saw the deceos obove, (I) (we) (ed olive on did) (did no	t) view the body				our) opinion	deoth occurred on the d	ate and hour an	d from the	causes stated
MPORTANT. If Hem 21 is marked or Hem		226 SIGNATURE	east.	nd 1	us		DEGREE A1 P	TTENDING HYSICIAN [MEDICAL STA	FF CIAN []	77	4184
TAN	1	224 PHYSICIAN'S N	AME TYPE	OR PRINT)			22e. ADDRESS				11	1
NPO V		DR. P	. CR	AWFORD			GBMC	6701	N. CHARLE	S ST,	TOWS	ON MD

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for use as with the State Dept of Health TO FUNERAL DIRECTOR:

238. BURIAL, CREMATION, REMOVAL (SPECIFY)

cesville, Baltimore Maryland Registrar 256 registrar's signature Pikesville, Burial July 7 1984 Druid Ridge Cemetery

Page 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. Str. Date

8728 Liberty Road Randallstown, Maryland 21133 July 7 1984 Druid Ridge Cemetery

234 NAME OF CEMETERY OR CREMATORY

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STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE AREG. NO.	0 2. 0 1
	CEASED NAME FIRST FIRST FIRST	Florence E. Ne	euner her	20. DATE OF DEATH MONTH	29-84 11 P M
3. SE	Female 4	white	5. DATE OF BIRTH June 12,1898	6. AGE (IN YEARS LAST BIRTHDAY) 86	MONTHS DATS HOURS MIN.
	RTHPLACE STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	_ Baitimor	NTY OF DEATH Ce County
	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	onvalescent (en	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	17b. KIND OF BUSINESS OR INDUSTRY
Ma	ALRESIDENCE (IF NURSING HOME OR OF OT THE HISTORY OF THE HISTORY O	ther institution, give residence before 13c. CITY OR TOV Baltin	ore YES NO	3626 Evergreen	TITLE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO
14 FA	ATHER'S NAME FIRST ME	DDLE LAST Spearm	15. MOTHER'S MAIDE	MIDDLE	LAST
	VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (1F YES, GIVE W	ED FORCES? 166 SOCIAL SECTION OF DATES) 215-32-5		ADDRESS es R. Neuner 3626	Evergreen Ave
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED) IMMEDIATE	BY: (O)	enal vasc	· Mynettica	BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	alijed a	serse	(many
NO	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
MEDICAL	Z1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22e.1 certify that (I) (this hospital	1) oftended the deceased from.	S. F. and that in (my) 40(r) on	inion death occurred on the date and	hour and from the causes stated

obove, (1) (well (did not) view the body ofter death 276 SIGNATURE

(SPECIFY) Burial

726. PHYSK IAN'S NAME TTYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ATTENDING PHYSICIAN

DEGREE

23d LOCATION
CITY OR TOWN
Baltimore

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

22c. DATE SIGNED

STATE

ne buriol-tronsit permit. Then p

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached with the State Dept MPORTANT: If He

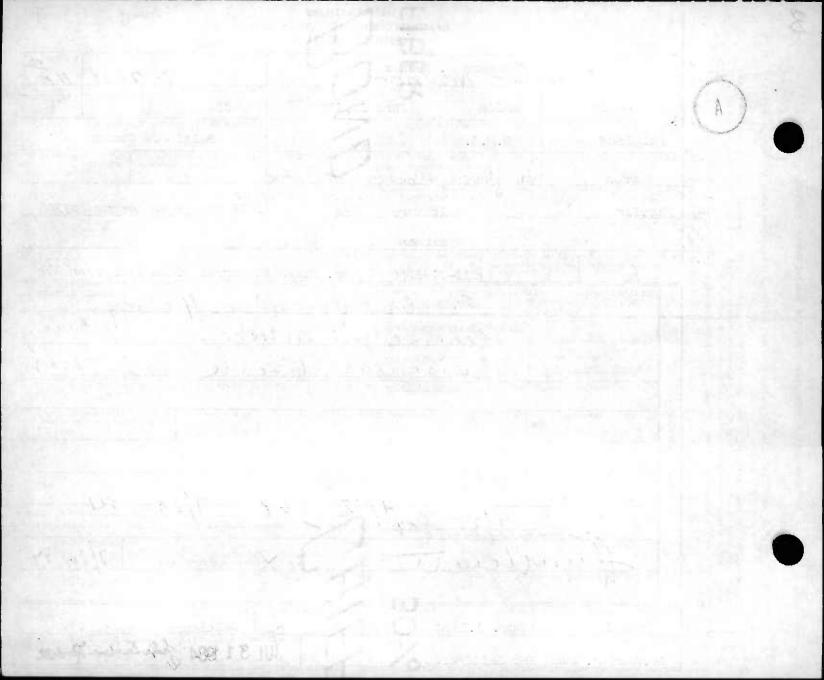
24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Leonard J. Ruck Inc Baltimore, Md-

23b. DATE

Aug. 1.1984



STATE OF MARYLAND

YEAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED A NEVER MARRIED

REG. NO.

6. AGE (IN YEARS LAST BIRTHDAY)

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

DAY

/84

IF UNDER 1 YEAR

26 HOUR

7:00P M

IF UNDER 24 HRS

20. DATE OF DEATH

64

7011 500	HOSPITAL, NURSING HOME C THACILITY GIVE STREET APPRESS! ST	R OTHER INSTITUT	ION 1	No USUAL OCCUPA TYPE OF WORK FOR MOST Ret. Tele		12b. KIND OF BUINDUSTRY PERATOR	Chessie R.R.
RINSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN Baltimore	13d INSIDECITY LI YES 🔼 NO	MITS?	street address 2304 Echo	dale Av	e. 2121	1
E	Whitehill	15. MOTHER'S MAI Mary First	IDEN NAME	Ellen	Н	awkins	
FORCES? FOR DATES)	166 SOCIAL SECURITY NO. 217-01-2202	17 INFORMANT Elbert E	. Nor	thern, Sa		3e	
USE (o)	LUNG CANCE					APPROXIMAT BETWEEN ONSE	INTERVAL T AND DEATH
1b)_							
(c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO 1	HE TERMIN	AL DISEASE OR COL	NULTION GIVE	SIN PART 110	
)	ONTRIBUTING TO DEATH BUT	NOT RECATED TO	TIE TERMIN	AL DISEASE OR CO	INDITION GIVE	VIIVE ART TO	
196 COND	ITION FOR WHICH OPERATIO	n was performe		200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
	OF INJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY	OCCURRED	ENTER NATURE OF IN.	JURY IN ITEM 18 PAR	FI OR PART 2}	
	OF INJURY REET, FACTORY OFFICE, FARM ETC }	211 LOCATION STREET		CITY OR 1	NWOI	COUNTY	STATE
7/27	RI.)6, 19 nd that in (my) (our)	84 opinion de	to 7/2	date and hour d		(I) (we) lost ses stated
~~/			IDING KIAN []		AFF ICIAN	22c DATE SIG	NED
PAM	PHILIS	22e ADDRESS GBMC					
7-31		emetery or crem s of Fait	h	Balto.,	IAICI •	COUNTY	STATE
Inc.,	5305 Harford R	d.	250. DATE F	3 0 1094	R 256. REGISTR	1.00	dall
					1/		

FOR

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

Female

TOWSON

L FATHER'S NAME

Oliver

No

CERTIFICATION

COUNTRY)

BIRTHPLACE (STATE OR FOREIGN

Maryland

Maryland

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost

190. DATE OF OPERATION

21d INJURY OCCURRED

AT WORK AT WORK

saw the deceased alive an

10 CITY OR TOWN OF DEATH

MPORTANT should be with the S BP. (VRA 15, 4)

DHMH - 16 50M 4/83

210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE

(AT HOME STREET, FACTORY OFFICE, FARM ETC.) 220.1 certify that (1) (this hospital) attended the deceased from

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

NORTHERN

5. DATE OF BIRTH

WIDOWED

12-19-19

Jean

White

U.S.A.

4 RACE

OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE to:

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

MARY

and that in (m) obove, (1) (Ne) (did) (did not) view the body ofter death

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Leonard J. Ruck, Inc., 5305 Harford Rd.

* II II O F SOUL COM II - 41,-10 3,112

executed within 24 hours after death. Page 4 may be

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. and completely filled in by the tu

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

-	
REG.	NO.

21021 BREC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REGISTRAR			CENTII	TOTALE OF DEATH	REG. NO).		
). DECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(TYPE OR PRINT)	IVA	MAY	N	ORWOOD	JULY 18	3,198	34	9 Amm
3. SEX		RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS	DAYS	HOURS MIN.
Femal	3	White	Jun		89	YRS.		MIN.
7a. BIRTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
Penn		U.S.A.	WIDOW		Baltimo	re Cour	nty	MD.
10. CITY OR TOWN OF	DEATH	(IF NOT IN SUCH FACILITY, O		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O		KIND OF	BUSINESS OR
Baltimo		manor a	ORE !	ROSSVILLE	Homemake			-
USUAL RESIDENCE (# 130. STATE Md.	13b COUN		nce before admission) or town timore	13d INSIDE CITY LIMITS?	138 STREET ADDRESS 4706 Sha	mrock	Ave.	21206
John	A		Kopp	IS. MOTHER'S MAIDEN NA	MIDDLE	Fre	ench	
160 WAS DECEASED E (YES, NO OR UNKNOWN		WAR OR DATES)	-01-138	7-D Erma A	rmstrong	(dghtr)		ame
Conditions, if gave rise to couse (o), s underlying country in the	immediate toting the ouse last	DUE TO, OR AS A CO	ING TO DEATH BU	T NOT RELATED TO THE TERM TO WAS PERFORMED	MINAL DISEASE OR CONI		PART 1:a	GS USED
OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	CAUSE OF DEA		19 Y	211. LOCATION STREET	RRED (ENTER NATURE OF INJUI		OUNTY	STATE
22a.1 certify tho	t (I) this hospit and distribution (distribution)	of ottended the decease 12	ch 1984.	DEGREE ATTENDING PHYSICIAN 1226. ADDRESS	MEDICAL STAI	F2	4 , the fram the c	
23a. BURIAL, CREMATI	ON, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION	COUR	NITN	STATE
(SPECIFY) Bur	ial	7/16/84	Parkw	boo	Baltimo			Id.

Balto.

Md.

DHMH - 16 50M 4/82

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If them 21 is marked or them, 18 shows ony injury, ar other traumatic event, the

(VRA 15, 4)

24 FUNERAL DIRECTOR

3331

Brhms

Lane

9-3

Bearing the Contract of the same Darker William Co. Village THE STATE OF SI WILLY TO VERY

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

STATE OF MARYLAND

1 -	STATE REGISTRAR		DEP	CERTIF	CATE OF DEATH	REG. 1	٧٥.		
		FIRST	MIDDLE	Li	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR A
{TYPE	OR PRINT)	errie	M.	Nova	ak		7-19-	1984	11:27 M
3. SE	x	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	W	hite	10NTH	26 DAY 1901 AR	83	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FORE		OF WHAT COUN		NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
Ba	altimore	υ. S	. A.	WIDOWE	L'1	Baltimon	e Co.	Md.	MD.
	ITY OR TOWN OF DEATH				ROTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND C	F BUSINESS OR
K	ingsville	1120	Shera	iale Dr.		Housewife)	Home	
USU. 13a. S	AL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTE L COUNTY Baltimore		TOWN EVILLE	136. INSIDE CITY LIMITS?	13 11208 She	radal	e Dro	1087
14. F.A	John	WIDDLE	Hromadnii	ĺk	IS MOTHER'S MAIDEN NA Katherine	WE	ALS	Herbe	čk
	VAS DECEASED EVER IN		S? 166 SOCIAL	SECURITY NO.	17 INFORMANT Mrs. Charlot	te Sama, Ki	ngsvi	208 Sher	radale Dr
	Conditions, if ony, v gove rise to imme- couse (a), stating underlying couse	CAUSED BY: (MEDIATE CAUSE (o DUE TO which (b diote the lost. (c)	O, OR AS A CONS	SEQUENCE OF	CVAS anterios	deosis		APPROX BETWEEN 3	mate interval onset and death mos
CERTIFICATION	Parki	rson's	disea	se	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED 5 OF DEATH?
MEDICAL CERTIF	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF ETHER, NOTIFY MEDICAL 21d. \$HYJURY OCCURRE! WHILE NOT WHILL AT WORK AT WORK 220.1 certify the (1) (1) 22d. PHYSICIAN'S NAM	JSE OF DEATH EXAMINER) 21e. PLA (AT HOM (did not) view the b	bdy ofter death.	office, FARM, ETC.)	22e ADDRESS	city or to 7 depth occurred on the DIRECTOR PHYS	OWN AFF	COUNTY 19.84.	
23e. i	Phyllis BURIAL, CREMATION, RE SPECIFY BURIAL		ullen -1984		2807 Jey EMETERY OR CREMATORY of Faith	23d LOCATION ROSSVIL		lkp&vi	lle, IND

BP DHMH - 16 25M

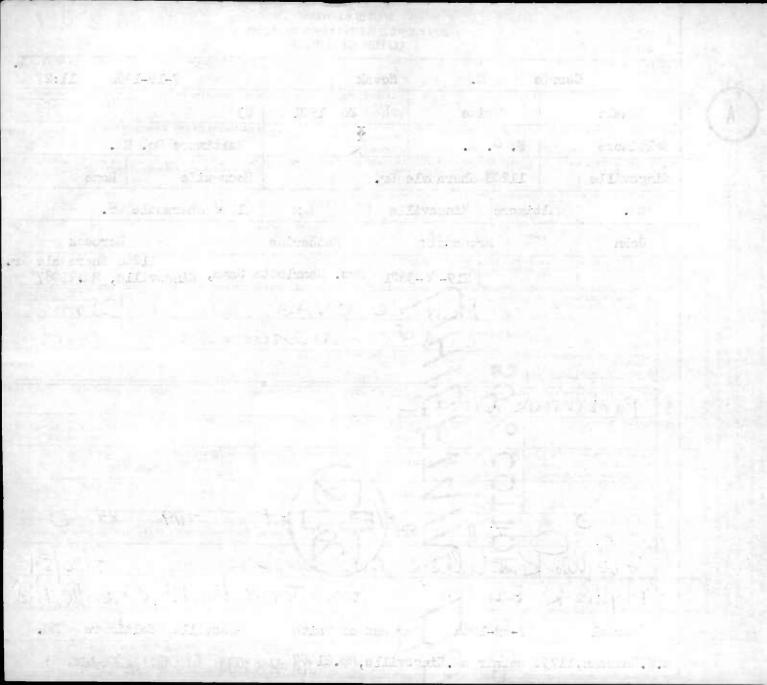
etained by the hospital ar attending physician

(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computerly filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled wit with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item. 18 shaws ony injury, ar other traumatic event, the medical

E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 21987



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pagreded by the haspital or attending physician.

BP____ DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral distributed be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hauwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FCFUOLD IAMINE	IRST	MIDDLE	LAS	Т	20 DATE OF D	DEATH MONTH	DAY	YEAR	26 HOUR
(TYPE	HELEN	M-	no	WAK	nuski.		7	14	84	11:1
3. SE		4 RACE		5 DATE OF		6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNE	DER I YEAR	IF UNDER 2
	Female	Whi	te	8	17 04	79	YI	RS MONTH	DATS	HOURS
	BIRTHPLACE (STATE OR FORE COUNTRY)	GN 76 CITIZEN	OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMOR	ECITY OR COU	NTY OF D	EATH	
	ARYLAND	US		WIDOWED		Ba	Lto COL	inty		
		(IE NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET	T ADDRESS)		(TYPE OF WORK F	OR MOST OF WORKIN	NG LIFE) IN	DUSTRY	FBUSINES
_	ESSEX JAL RESIDENCE (IF NURSING	River	View Nursi	ng Ctr	Inc.	PIA	NIST.	브	NTE	RTAI
13a :	STATE 13	COUNTY	13c CITY OR TOW	VN 1	34 INSIDE CITY LIMITS			COOL	03	100
14. F/	MD ATHER'S NAME		BALTO		YES NO D	1130 N	ELLW	עטט	21	224
	FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS	
	WAS DECEASED EVER IN	U.S. ARMED FORCE		URITY NO. 1	7 INFORMANT	ν	ADDRESS		1	7m
((YES, NO OR UNKNOWN) (I	F YES, GIVE WAR OR DATES	212-34-7	275	Leonard Ke	dzionski	1130 N	Fluor	ad Ai	10
	18 CAUSE OF DEATH	Enter anly ane cause	per line for the on	nda	2		1	1		MATE INTERV
	Conditions, if ony, we gove rise to immed couse 101, stoting underlying couse	thich diote the lost DUE TO	, or as a conseou	JENCE OF						
ATION	Conditions, if ony, we gove rise to immedicate to couse to stating	thich diote the DUE TO lost. (c)	, OR AS A CONSEOU	DEATH BUT N		RMINAL DISEASE	SY? 20b II	F YES, WEF	RE FINDIN	IGS USED
TIFICATION	Conditions, if ony, will gave rise to immed couse 101, stating underlying couse	thich diote the DUE TO lost. (c)	OR AS A CONSEOU	DEATH BUT N		20a AUTOP	SY? 20b II		RE FINDIN	IGS USED
CAL CERTIFICATION	Conditions, if ony, will gave rise to immed couse 101, stating underlying couse	DUE TO Chich (b) Glost (c) ICANT CONDITIONS IN 196. CO LYING 1 216. TIM SE OF DEATH HOUR	OR AS A CONSEOU	DEATH BUT N		20a AUTOP	SY? 20b IN CE	F YES, WER ERTIFYING YES [RE FINDIN CAUSES	IGS USED OF DEATH
MEDICAL CERTIFICATION	Conditions, if only, we gove rise to immediate to immediate to immediate to immediate to state the course to the c	DUE TO thich the the DUE TO DIST. ICANT CONDITIONS IN 196. CO VING 196. TIM SE OF DEATH HOUR XAMINER) 216. PLA (AT HOME	OR AS A CONSEQUE CONTRIBUTING TO NOTION FOR WHICH E OF INJURY A.M. MONTH D	DEATH BUT N H OPERATION DAY YEAR 19	was performed	ZOG AUTOP YES URRED (ENTER NATU	SY? 20b IN CE	F YES, WEF ERTIFYING YES 1	RE FINDIN CAUSES	IGS USED OF DEATH
	Conditions, if only, we gove rise to immed couse 101, stating underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED	DUE TO Chich C	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH COFINJURY A.M. MONTH D P.M. CE OF INJURY C, STREET, FACTORY, OFFICE,	DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.1	WAS PERFORMED	200 AUTOP YES URRED (ENTER NATU	SY? ZOB II IN CE	FYES, WEF ERTIFYING YES 118, PART 1 0	RE FINDIN CAUSES	IGS USED OF DEATH NO
	Conditions, if ony, we gove rise to immediate to immediate to immediate to immediate the couse 101, stating underlying couse PART 2 OTHER SIGNIF 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE WHILE AT WORK AT WORK 270. I certify that (I) (Ithe sow the deceased obove, (I) (we) (did) 27b. SIGNAT III	Chich (b) Chich (b) Chich (b) Chich (b) Chich (c)	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTING TO NDITION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY A.STREET, FACTORY, OFFICE,	DEATH BUT N H OPERATION PAY YEAR 19 FARM, ETC.] DE	WAS PERFORMED 21c. HOW INJURY OCC 21l. LOCATION STREET 19 that in (my) (our) opini GREE ATTENDING PHYSICIAN	200 AUTOP YES URRED (ENTER NATU To on death accurred	SY? ZOB II IN CE	YES, WEF ERTIFYING YES 118, PART 1 0	RE FINDIN CAUSES	STA
	Conditions, if ony, we gove rise to immed couse 101, stating underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that (I) (It sow the deceased above, (I) (we) (did 22b. SIGNATURE 22d-PHYSICIAN'S NAM	Chich (b) Chich (b) Chich (b) Chich (b) Chich (c)	OR AS A CONSEQUE CONTRIBUTING TO NOTION FOR WHICH E OF INJURY A.M. MONTH D P.M. CE OF INJURY CE OF INJURY CE OF INJURY A deceased from The deceased from The deceased from The deceased from The deceased from	DEATH BUT N H OPERATION PAY YEAR 19 FARM, ETC.] DE	WAS PERFORMED 21c HOW INJURY OCC 211 LOCATION STREET 19 that in (my) (our) opiniting GREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOP YES URRED (ENTER NATU To on death accurred	SY? 706 II IN CE	FYES, WEFERTIFYING YES 118, PART 1 0	RE FINDING CAUSES OF PART 2) DUNTY	STA
MEDICAL	Conditions, if ony, we gove rise to immed couse 101, stating underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that (I) (It sow the deceased above, (I) (we) (did 22b. SIGNATURE 22d-PHYSICIAN'S NAM	DUE TO thich fine the DUE TO lost ICANT CONDITIONS ICANT CONDITIONS IN 196. CO VING 196. TIM HOUR XAMINER) 216. PLA (AT HOME) ICANT CONDITIONS IN 196. CO VING 196. CO IT HOME IT HO	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTING CONTRIBUTI	DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.1 DECEMBER 19	WAS PERFORMED 21c HOW INJURY OCC 211 LOCATION STREET 19 that in (my) (our) opiniting GREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOP YES URRED (ENTERNATU 10 00 deoth Accurred MEDICAL I DIRECTOR	SY? ZOB II IN CE NO	FYES, WEFERTIFYING YES 118, PART 1 0	DUNTY from the	IGS US OF DEA NO

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be faw the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

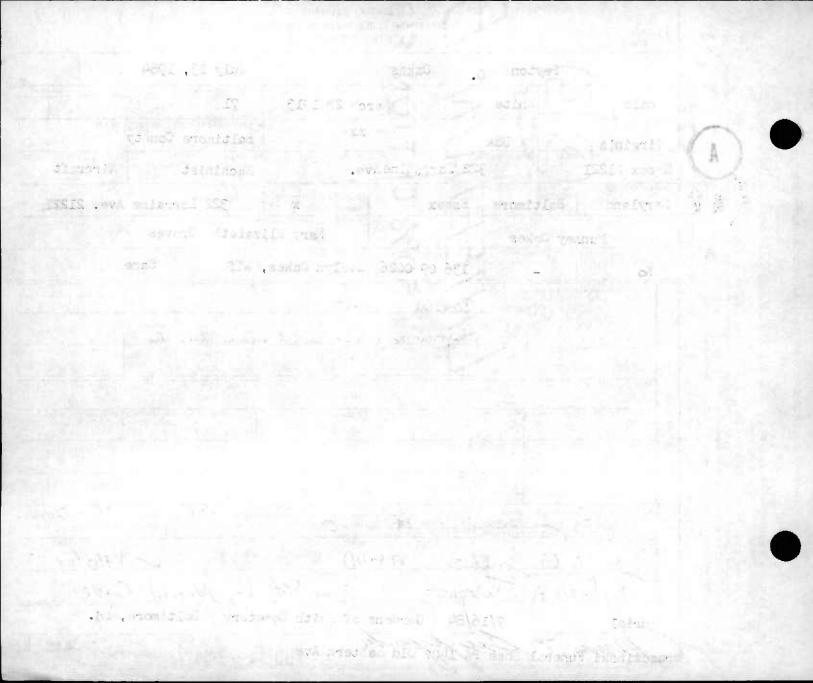
		CEASED NAME FIRST PE	yton	G. Oal		LAST	July 13.		July 13, 1984		
3	3. SE)	Male	4. RACE White			of Birth rch 28 1913	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER :	
7	- (RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	USA WIDOWE			ED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Es	sex 21221	(IF NOT IN SU	322 Lorra	ine A	OR OTHER INSTITUTION	Machinist	ION DE WORKING LIFE	12b. KIND C		
1	Ma		ROTHER INSTITUTION NTY timore	GIVE RESIDENCE BEFORE	E ADMISSION) /N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	rraine	e Ave.	2 122 1	
	4 FA	THER'S NAME FIRST Munsey O	akes	LAST	2	15. MOTHER'S MAIDEN NA			LAS		
14		AS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	136 09		Evelyn Oakes	, Wife	San	ne		
T		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe D 8Y:	er line for (0), (b), one Cardiae		crest			APPROX BETWEEN	IMATE INTERIONSET AND E	
		Conditions, if ony, which gove rise to immediate cause (o., stofting the underlying cause lost	DUE TO, C	DR AS A CONSEQUE	head ENCE OF		entrular forchy				
	FICATION	gove rise to immediate cause to, stating the	DUE TO, C	Copyestice DR AS A CONSEQUE CONTRIBUTING TO D	heart ENCE OF DEATH BUT		INAL DISEASE OR CON	DITION GIVE	, WERE FINDII YING CAUSES	NGS USED	
	CAL CERTIFICATION	gove rise to immediate cause to, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, C (c) 196 COND 196 COND 118 TIME (HOUR A	OR AS A CONSEQUE ONTRIBUTING TO D	head but operation	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY	S, WERE FINDIF YING CAUSES S	NGS USED	
	MEDICAL CERTIFICATION	gove rise to immediate cause to, storting the underlying couse lost PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, CONDITIONS CON	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH DEFINIURY	DEATH BUT OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	200. IF YES IN CERTIFY YES RY IN ITEM 18 PA	S, WERE FINDIF YING CAUSES S	NGS USED OF DEATH	
		gove rise to immediate cause in storing the underlying couse lost underlying couse lost 190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE THER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK ON THE DESCRIPTION OF THE DESCRIPT	DUE TO, CO. CONDITIONS CO. 196 COND. 196 COND. 216 TIME CO. HOUR A. P. 21e PLACE (AT HOME SI. attol) attended to the condition of the condition of the co.	OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH OF INJURY OF INJURY TREET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.	PNOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCURR 211 LOCATION STREET 19 52	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES IN CERTIFY YES RY IN ITEM 18 PA	S, WERE FIND III YING CAUSES S ART I OR PART 2) COUNTY 19 17 r and from the	NGS USED OF DEATH NO ST.	
		gove rise to immediate cause to, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 27d I certify that 11 this hosp sow the deceased olive on the story of t	DUE TO, CO (c) CONDITIONS CO 196 COND 216. TIME (HOUR AR) 21e PLACE (AT HOME SI 1101) attended to the condition of the	OR AS A CONSEQUE CONTRIBUTING TO I DITION FOR WHICH OF INJURY OF INJURY TREET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.	NOT RELATED TO THE TERM ON WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET 19 32 nd that in (our) apinion of DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES IN CERTIFY YES RY IN ITEM 18 PA	S, WERE FINDING CAUSES S ART LOR PART 2) COUNTY	NGS USED OF DEATH NO st.	
	MEDICAL	gove rise to immediate cause up storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 270 I certify that (1) (this hasp sow the deceased alive poon of the country	DUE TO, CONDITIONS CON	OR AS A CONSEQUE ONTRIBUTING TO DE ONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 SEPT SEPT M.	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 19 22 nd that in (our) apinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YES RY IN ITEM IS PA	COUNTY 19 84 rand from the	NGS USED OF DEATH NO 1	

DHMH - 16 50M 1/B1 (VRA 15, 4)

ki Funeral Home

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN.



9-	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		8 2	10
		CEASED NAME OR PRINT)	FIRST		C.	O'BRI	EN	July	MONTH 23	1984	26. HOUR 11:55A
	3. SE	Female		RACE White		5. DATE O	cember 18, 18		YRS.	IF UNDER I YEAR	IF UNDER 24 HR
2		RTHPLACE (STATE OR COUNTRY) Virginia		U.S.A		MARRIE		9. BALTIMORE CITY Baltime	ore Co	ounty	٨
2		Towson	1	Manor (Care Rux	ton	OR OTHER INSTITUTION	Tigo USUAL OCCUPA (TYPE OF WORK FOR MOST Seamstre	OF WORKING L		hing
0	13a. S	AL RESIDENCE (# NUR STATE Maryland THER'S NAME	Balti	Y	13c. CITY OR TO Towson	WN	13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS			4
0		Albert WAS DECEASED EVER		S .	Parke		Letitia N. INFORMANT	MIDDLE	RESS	Black	burn
		YES NO OR UNKNOWN)	(IF YES, GIVE V		216-09-		Mrs. Richard	Jones 425	Dumba		ad 2121
		cause (a), stati underlying cause PART 2 OTHER SIG	e last.		ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART 10	a
1	CERTIFICATION	198. DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
7		218. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH			DAY YEAR	21c HOW INJURY OCCUR				NO []
	MEDICAL	21d. INJURY OCCUR	RED HILE		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
		27a certify that (saw the decea above, () (wa) 22b SIGNATURE	ed alive on		. 19		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF		
		22d PHYSICHAN'S N Celian	E. Pa				7122 Harfo				
		BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	23b. DATE 7-26-			EMETERY OR CREMATORY Park Cemeter	y Baltimo	re I	Baltimor	e Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

24 FÜNERALDIRECTOR
NAME
Mitchell-Wiedefeld Home 6500 York Road21212

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by shauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

DHMH - 16 50M 4/83

(VRA 15, 4)

etained by the haspital or attending physician

	1.	FOR STATE			OF HEALTH AND		ENE	0 %	- 1	8	2
		REGISTRAR		CI	RTIFICATE OF	DEATH		REG. NO			
		CEASED NAME FIRST	Charles	Ole Edward	ĻAST		20 DATE OF		NONTH DA		26 HOUR
	(TYPE	I RV II		0'0	CONNOR				7 4	1984	11;22
	3. SE		4. RACE	[5]	DATE OF BIRTH		AGE IN	EARS LAST BIRTH	(DAY)	UNDER 1 YEAR	IF UNDER 24 HRS
	J. JL		Y. KACL	1	MONTH DAY	YEAR			MC	ONTHS DAYS	HOURS MIN.
n	/	Male	White		ay 1,	1909	7.		YRS.		
e /		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	ARRIED NEVER	MARRIED -		RECITY OF			
6/		Maruland	USA			ONORCED	BALL	MUKE	COON	1.1	MD
0//	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME OR OTHER IN	STITUTION		OCCUPATION FOR MOST OF		126. KIND OF	BUSINESS OR
3/1		T OWS ON	GBMC 6	701 N. C	HARLES S	ST.	Press			more S	מזו
3/1/	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDÊNCE BEFORE ADM	ISSION)						
到力	130 5	STATE 136 COUI	41Y	CITY OR TOWN				ADDRESS /		01014	
3	14 F 4	Md.		Baltimor	7	R'S MAIDEN NAM		Arabia	Ave.	21214	
1/1/	1	FIRST	MIDDLE	LAST		FIRST		MIDDLE		EAST	
200		Edward W. O'Con				uerite		ADDRES		hilling	<u> </u>
medico		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	SOCIAL SECURITY	NO. 17 INFORM	MANI		ADDRES	13		
Ĕ //		No	2	13-03-276	8 Ethe	IM. O'C	onnor	4525	Arab		21214
1		18 CAUSE OF DEATH (Enter or	aly ane cause per lir	ne far (a), (b), and (c)						APPROXIA SETWEEN O	MATE INTERVAL
vent		PART I. DEATH WAS CAUSE	TE CAUSE (a) R	ESPIRATO	RY ARRES	ST					
tic e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C A CONSTOURNS	0.5						
E S		Canditions, if any, which	DUE TO, OR A	UNG CARC	IN OMA W	ITH MET	ASTA:	SES		1	
4.0		gove rise to immediate),							1	
or other		cause (a), stating the underlying cause last	DUE TO, OR A	AS A CONSEQUENCE	OF						
à			(c)								
injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEAT	H BUT NOT RELATE	ED TO THE TERMI	NAL DISEAS	E OR COND	ITION GIVE	N IN PART 110	
	CERTIFICATION	IN DAYS OF OBERATION	18h CONDITI	ON FOR WHICH OPE	DATIONI MAR DEDE	OBUED	20a AUTO	DRCV2	204 IE VEC	WERE FINDIN	CELICED
Sony	S	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPE	KATION WAS PERF	ORMED	ZUG AUTO	JEST		ING CAUSES	
morked or Item 18 shows	ET						YES 🗌	иог	YES		NO []
8 3		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.		MONTH DAY		INJURY OCCURRE	ED (ENTERN)	ATURE OF INJURY	IN ITEM 18 PAR	et i OR PART 2)	
E C	SAI	(IF EITHER NOTIFY MEDICAL EXAMINE	1		19						
à	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE FARM	211 LOCAT	ION		CITY OR TOW	/N	COUNTY	STATE
ked	Σ	AT WORK AT WORK	TAT HOME STREET	TACIONI OFFICE FARM							
e E		220.1 certify that (I) (this hasp	ital) attended the		-20	19. 84	, ta	7-4		84	hat (I) (we) last
21 is		saw the deceased alive ar		19_84	, and that in (m	yl (aur) opinion di	eath occurre	ed an the dat	e and hour	and Iram the c	auses stated
E		above, (1) (we) (did) (did no 22b SJGNATURE	it) view the bady at	ter death	DEGREE					22c. DATE	SIGNED
+		Value	Kann	2 M N		ATTENDING	MEDICAL	STAF		7/	11/04
Z-		22d PHYSICIAN'S NAME TIPPE	Jaggar.	SUITUD.	22e ADDRI	PHYSICIAN	DIRECTOR	PHYSICI	ANDO	1 //	7/01
RTA											
IMPORTANT: If Hem 21		DIANE PAPPA	AS MD		68	MC 6701		CHARL	ES S	I, IOV	VSON
2		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAM	E OF CEMETERY OF	RCREMATORY	23d LOC	ATION		COUNTY	STATE
		Burial	July7,	1984 Pari	kwood			ltimor	0_M2:	22.7 0 - 7	
1/83	24 FL	UNERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY	REGISTRAR 2	Sh. REGISTR	AR S SIGNATI	JRE
		Leonard J. Ru	ick, Inc.		ford Pd	111	1 6	1004	guliard	andon	fandale.
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STATE OF MARYLAND

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and campletely filled in by the funeral dir Pages 1 and 2 shauld be filed within 72 hou

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HY	YGIENE REG. 1	10	0 (4	
1. DECEASED NAME (TYPE OF PRINT)	Rev.	Thomas	MIDDLE .		onnor	July 11,	MONTH D	PAY YEAR	2b. HOUR
3. SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAST B		F UNDER 1 YEAR	IF UNDER 24 HRS
Male		White		June	5, 1909 ***	75	YRS.	ONTHS DATS	HOURS MIN.
70. BIRTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED	9. Baltimore City Baltimor	_		MD
Catonsv		LIE NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE aiden Che	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA LIVPE OF WORK FOR MOST Roman Cat	FION OF WORKING LIFE	126 KIND O INDUSTRY Pri	est Ret
USUAL RESIDENCE (130 STATE Md.	13b CC		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Catons	WN	13d. INSIDE CITY LIMITS?	603 Maid	/ ZIP CODE	ice Lan	28
14 FATHER'S NAME FIRST Charles		Joseph	O Co	nnor	15. MOTHER'S MAIDEN N	Agnes		Fole	y
160 WAS DECEASED (YES, NO OR UNKNOW NO	EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC 219-60-		Joseph Reyr	nolds 5408 R		lve. 21	210
IS. CAUSE OF PART I. DEA	TH WAS CAL	r only one cause per USED BY: DIATE CAUSE (0)	di-	Vetas	tatic Ca	reinoma Prostile		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
	immediate stating the cause last	DUE TO, O	IR AS A CONSEOU		NOT RELATED TO THE TE		NDITION GIVE	EN IN PART 110	1
190 DATE OF O	PERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
	G CAUSE OF	FDEATH HOUR A	DE INJURY .M. MONTH E		21c. HOW INJURY OCCU	URRED (ENTER NATURE OF IN.	URY IN ITEM 18 PA	ART 1 OR PART 2)	
(IF EITHER NOTE 21d INJURY OF	CCURRED		OF INJURY REET, FACTORY OFFICE,	FARM ETC)	ALLOCATION STREET	CITY OR I	OWN 1	COUNTY	STATE
sow the d obove, (1)	eceosed olive (we) (did) (did	ospital) attended the on discount of the body			nd that in (my) (our) apinic	on death occurred on the			
226 SIGNATUR	K	m	_		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE	3 84
22d. PHYSICIAN Natra		vendhran,	M.D.		St. Agnes	s Medical Ce	nter	, [1)
23m. BURIAL, CREMAT (SPECIFY)	TION, REMOV				EMETERY OR CREMATOR	CITY OR TOWN	sville	COUNTY	STATE Md.
24 FUNERAL DIRECT			ADDRESS			ATE REC'D. BY REGISTRA	RIASH REGISTE		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Hem 21 is marked

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	41	-	8
	REG. NO		

- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.				
DECEASED NAME FIRST	MIDDI E	1.A	SI	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
May		Oe	ttinger.	7-2	5-84	6:10 PM		
SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
male	WHITE	q	20 1902	8 / YRS				
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
GERMANY	U.S. A.	WIDOWE		Ballinare	count	Y MD		
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE SIRE	EET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) II MACHINIST	FEI INDUSTRY	OF BUSINESS OR CHINES		
UAL RESIDENCE (IF NURSING HOA	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)						
	OUNTY 13c CITY OR TO		YES XXX NO	13. STREET ADDRESS / ZIP CODE	i	2 1122		
FATHER'S NAME	HIMORE Randal	13 10 Wh	15 MOTHER'S MAIDEN NA		K D	21135		
ABRAHAM	OETTINO	GER	ĆH AR LOT	TE	MARK	KS		
WAS DECEASED EVER IN U.S		CURITY NO.	17 INFORMANT MR	S. KLARAPOESTING	ER			
NO OR UNKNOWN) (IF YES	124-09-	-7629	3735 TRENT	RD. RANDALLSTOW	N, MD	21133		
18 CAUSE OF DEATH (Ente	r anly ane cause per line far (a), (b), (and (c).)			BETWEEN	ONSET AND DEATH		
PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a) CON DECE	c. 01.00	451.					
	DUE TO, OR AS A CONSEQ							
Canditions, if any, which			Heart Fo	cilore				
gave rise to immediate cause (a), stating the								
underlying cause last		DENCE OF						
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT P	NOT RELATED TO THE TERM	IN ALDISEASE OR CONDITION GIV	/FN IN PART 1:	2		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED		S, WERE FINDI			
					FYING CAUSES	S OF DEATH?		
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 1				
OR CONTRIBUTING CAUSE O								
(IF EITHER NOTIFY MEDICAL EXAM	AINER) P.M. 71e. PLACE OF INJURY	19	211 LOCATION					
WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE	E, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE		
AT WORK AT WORK	aspital) attended the deceased from	7-2:	19 54	1. 2-15	10 8 4	that (I) (we) last		
	an 19 and view the body after death.	94 00		death accurred an the date and hav	er and from the	causes stated		
above, (1) (we) (did) (did 27b. SIGNATURE	nat) view the body after death.		EGREE		22c DATE			
-200 0			ATTENDING	MEDICAL STAFF		25/84		
22d PHYSICIAN'S NAME (I	Clurces	M.D.	PHYSICIAN _ 22e ADDRESS	DIRECTOR PHYSICIAN		23/04		
	IFE OR FRINT)		TIE VDDKE33					
	HINCUS M.D.		32 5 tock 1			Ville 212		
BURIAL, CREMATION, REMO	7/26/84 23b DATE 7/26/84	CHEVRA	AHAVAS CHESET	234 RANDALLSTOWN	1 coBALT	O. MD		
FUNERAL DIRECTOR SC	L LEVINSON & BROS	S. INC.	25a DAT	E REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNAT	TURE		

DHMH - 16 50M 4/83

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to busiol, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, th

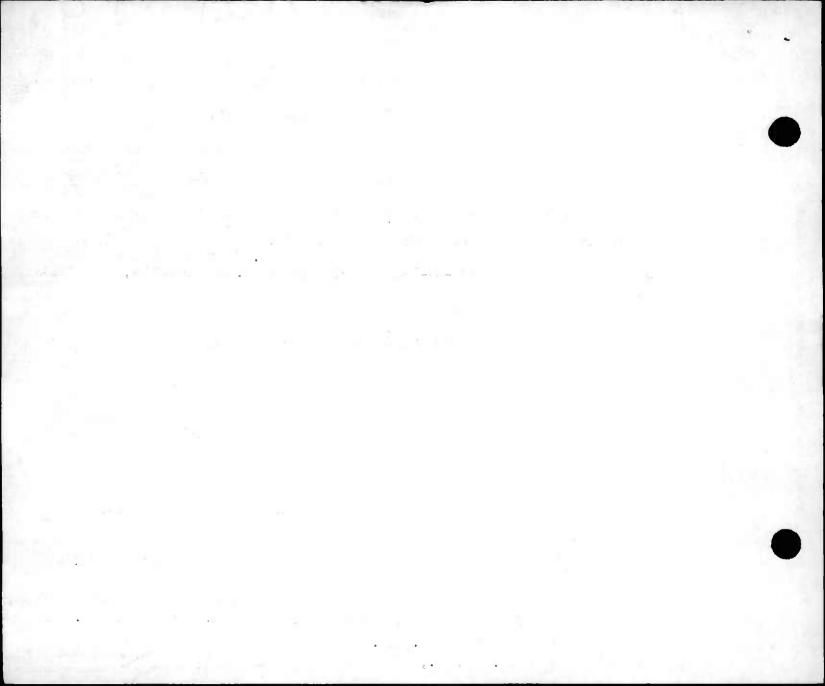
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6010 REISTERSTOWN RD. (VRA 15, 4)

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3 PHYSICIAN: The	offending physici
ATTENDING	to or o
OR ATT	e hospi
TO HOSPITAL OR	retained by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or ather traumatic event, the medical exami

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STATE OF MARYLAND

STAIL OF MARTLAND	4.3
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	EO
CERTIFICATE OF DEATH	

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1	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.											
		DECEASED NAME IYPE OR PRINT) PAULINE SEX FEMALE BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH THE PAULINE MILE PAULINE MILE LE MALE White U.S.A. 11. NAME OF HO (IF NOT IN SUCH F		MIDDLE		s cew ski	20. DATE OF DEATH	, 26	1984	26 HOUR			
	3. SEX		4	RACE	517777	5. DATE C		6. AGE IN YEARS LAST BIR		ONTHS DAYS	HOURS AIN.		
		Female.		White		Janua	ary 23,1903	81	YRS.	DAT 3	TIOURS MUC.		
1			OREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH			
)						WIDOWE	DIVORCED		COUNT	7	MD		
9			TH 1		H FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF COMMON			Home		
	13e. S	TATE	13b COUNTY Baltin	Υ	GIVE RESIDENCE BEF 13¢ CITY OR TO Luther	NWC	134 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 835 Jamie:		. 210	093		
1	TO I	FIRST	MI	DDLE	Urbans	ki	15 MOTHER'S MAIDEN NA FIRST Mary	WIDDLE		Kuc	1		
					166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRI	SSLuth	erville	e, Md.		
	1- STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE ISTATE COUNTRY) Maryland 10. CITY OR TOWN OF E TOWSON USUAL RESIDENCE (IF N 130. STATE Maryland 14. FATHER'S NAME FRST SIMON 16. WAS DECEASED EV YES, NO OR UNKNOWN) NO 18. CAUSE OF DE PART I. DEATH Conditions, if o gove rise to couse to 1, ste underlying country in the couse to 1, ste underlying couse to 2, ste underlying couse to 1, ste underlying couse to 2, ste		(IF TES, GIVE V	is, GIVE WAR OR DATES) 214-22-2355 Rita Dorl -2150 Suburban G									
	A 18 18 18	18. CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coust e light phoblastic Leukening DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to 1, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF											
	NOIL												
	TIFICA	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHI	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO				
		21a. ACCIDENT WAS UND OR CONTRIBUTING C LIF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	CURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)					
	MEDI		ILE 🗍	21e. PLACE (OF INJURY REET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
2		X-	ed alive an	on the back	19	84 .01		deoth occurred on the d	FF				
		224 PHYSICIAN'S NA LESTER	1.1	LL, J	r., A-1)	7620 York	Rd Tow	son h	110 21	rox		
	- (SPECIFY)	REMOVAL	23b. DATE			EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN		COUNTY	STATE		
	P	mrial		7-30-8	1/1	Halv D	OCATI	Paltimor	0	Mas	hac Irm		

DHMH - 16 50M 4/83

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64.72 Sunt	х		.1.2.0	Maryland
Foneral er Crn Pere		GAZAL HAVE	71.72	Icwscn
835 Jamieson Md. 21093	X	Luthervilee	Baltinore	bas fignali
luc Lutherville, Md.	VI.5 ^V	information		Simon
-2150 Suburban Greens Pr. 21093	Fita Dorl	22/1-22-2255		To

7-30-84 Holy Rosary Baltimore

7620 608 50 10 100 10 10 2 2 200 W

Toward, 14.21204 U.S. 21204

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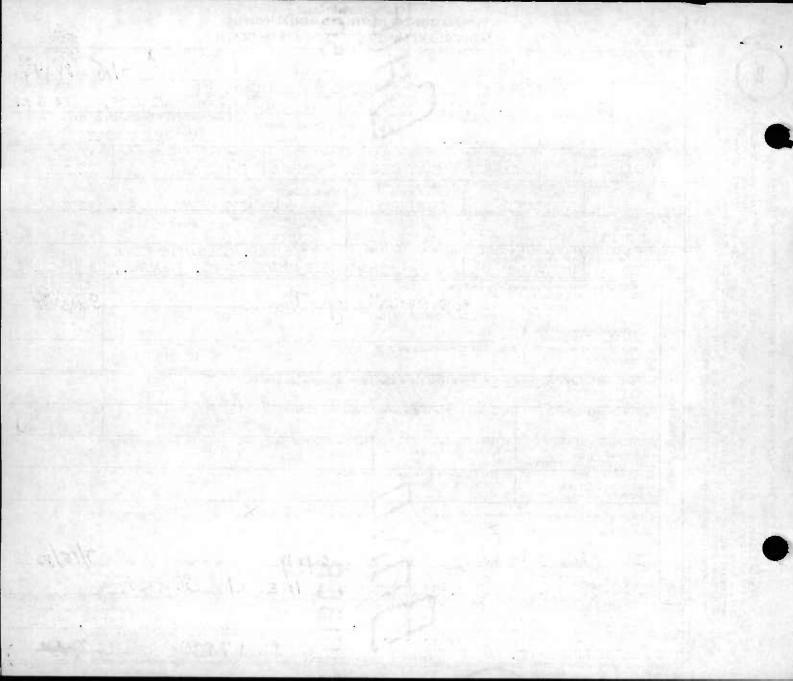
1050 Yerk Ed.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0		REGISTRAR			M	EDICAL EXAM	INER'S	CERTIFIC	CATE O	FDEA	TH R	EG. NO.			
	I. DEC	EASED NA		FIRST		MIDDLE		26. DATE KNOWN DE MONTH OF ESTI-						YEAR	2b. HOUR
	(111)	ORTRAGI		RUI	3EN			ORMA	AN		DEATH MAT	ED 🗆	7/16 19	84	4 10 N
	1.5EX		4. RAC	E	5. DATE OF BIRTH		THDAY) MONT		IF UNDER 2		C. DATE	MON		YWAR	2d, HOUR
	A. Carrie	ALE	WHI	TE		6,1923 60	. Intorn	DATS	HOURS		DEAD	JULY	- 17		5 A m
6	FO	RTHPLACE REIGN COUNT	RY)		76. CITIZEN OF V	WHAT COUNTRY?	8. MARE	RIED XX NE	VER MARRIE	D 🗆	9 BALTIMORE	_		TH	
1	N	MARYL	AND			.S.A.		WED 🗆	DIVORCE			MORE C			MD
0			LLSTO		BALTIMO	OSPITAL, NURSING HO FACILITY GIVE STREET ADDRES RE COUNTY (0.01			FORM	AL OCCUPATION OF WORKING LINES LESMAN		OR IN	OF BUS IDUSTR'	Υ
5	13a. 51			13b. COUNT BALTI	ry	13c. CITY OR TOWN BALTIMO	N	13d. INSIDE O	CITY LIMITS?		et address 7 MARYK	NOLL R	D. 2120	08	
1	14 FA	THER'S NA	AME		MIDDLE	LAST		15. MOTH	ER'S MAIDEN		MIDDLE		LAST		
2		JOS	EPH			ORMAN			SADIE				MAX		
		AS DECEA		IN U.S. ARM	AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFOR	MANT MI	RS. (CHARLOT9				
		YES		WWII-	ARMY	215-14-0	2306	4527	MARY	KNOLI	L RD.	BALTO.			1208
		18. CAUS	E OF DEAT	TH (Enter only	y ane cause per lin	ne far (a), (b), and (c).)	.0	0	40					TEZNON	INTERVAL AND DEATH
9		FARI	I DEATH W		E CAUSE (a)	ACUS MYOS	ordal	Infan	(N/W)				Smil	عامد	W)
		11.90			DUE TO, C	OR AS A CONSEQUEN	CE OF	0						•	
				any, which immediate	(b)										
			e (a) stating cause last.	g the <u>under-</u>	DUE TO, C	OR AS A CONSEQUENCE	CE OF								
	57	ying	coose lost.		(c)										
		PART 2 OTH	ER SIGNIFICAN	T CONDITIONS C	DATRIBUTING TO DEAT	TH BUT NOT RELATED TO THE 1	FRMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PAR	T 1 (a).					
	TION														
2	IFICAL	19a. DATE	OF OPER	ATION	19b. CONE	DITION FOR WHICH O	PERATION V	WAS PERFOR	RMED?				20 AUT	OPSY?	
Z	RTIF														NO U
3	CAL CERT	UNDERLY	RNAL CAU		HOUR A.	OF INJURY M. MONTH DAY Y .M. 19		YOW INJURY	Y OCCURRED) (ENTER N	IATURE OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)		
	MEDIC	21d. INJUI	RY OCCUR	RED		E OF INJURY (AT HOME		STREET			CITY OR TOWN		COUNTY		STATE
	2	AT WORK	O NOT	VORK]	The state of the s	5				cirron journ				
					e af the remains d	described abave, held a	n Auto	psy .	Inspection	X.	Inquiry .	and in m	y apinian		
			sulted fran		al causes 7	Accident .	Suicide] Hami			ermined manner	\Box .			
à			0	- 0	-1 -				SPECIFY)				1	,	
h	13	ACTUAL SIGNATU	RE AT	Tarles 2	Felsense	W.	1		DETY	MEDI	ICAL EXAMINER	DA	GNED 7/1	6/3	1/2
1	nd			10	-	1	3				0.0				
		(TYPE OR	R'S NAME PRINT)	DR.	STANLEY	Y Z. FELSEN	IBERG_	_ADDRESS_	IIE	CI	1000 10	-3120	2		
	23a.Bl	PECIEY)		REMOVAL 23	3b. DATE	23c. NAME OF			ORY	23d. LO	CATION		COUNTY	STA	TE.
		BURI			7/16/84			PARK			ANDALLS		BALTO.		MD
		NAME	RECTOR		ADDRE	& BROS., INC			200	EC'D. BY	REGISTRAR 25	REGISTRAF	R'S SIGNATUR	E	
	60	10 RE	ISTER	STOWN	RD. BAL	TIMORE, MAR'	YLAND	21215	10	LI	7 1984	- Wastin	Ulicon-Mo	inde	

DHMH - 17 (VR A15 ME (5)) 15M 7/76



STATE OF MARYLAND

1 - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
I. DECEASED NAME (TYPE OR PRINT)	WIL		J.	07	TER	20 DATE O	7	6	84 YEAR	20 S M
3. SEX		4. RACE	3	5. DATE C	OAY YEAR	7	YEARS LAST BIRT	YRS.	MONTHS DAYS	
70. BIRTHPLACE (STATE	ORFOREIGN	76. CITIZEN OF W	A.	WIDOWE	- Lad	9. BALTIMO	BALTE	-	Y OF DEATH	MD
TOWSON		(IF NOT IN SUCH	2. JOS	address)			OCCUPATION MOST OF			OF BUSINESS OR
USUAL RESIDENCE (IF	13b COU		IS CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COE	E Ply Fy	75.0134
PH LL	> ;	MIDDLE	OTTER		BERTHA	WE	WIDDLE		JOH	1506 1506
160 WAS DECEASED E	(# YES, G	RMED FORCES? NE WAR OR DATES) 1) - 11	216 O3C	2PO	FAMILY	Rica	ADDRE OROS	55		
	H WAS CAUS	nly one couse per I ED BY TE CAUSE (0)	ine for (o), (b), on PD	10 N	470171771	γ,	1501	dEM		XIMATE INTERVAL
Conditions, if gove rise to couse (o), s underlying co	immediate toting the	(b)	AS A CONSEQUE							
	SIGNIFICANT	EICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION								
190 DATE OF OP	E OF OPERATION 196 CONDITION FOR WHICH			OPERATIO	N WAS PERFORMED			IN CERT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO	
21a. ACCIDENT WA		216. TIME OF		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	

NOT WHILE AT WORK 22a.1 certify that (I) (this harphal) attended the deceased from sow the deceosed of obove, (I) (we) (did) did 22b. SIGNATURE

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

DE GREE ATTENDING

21f LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DETRECTOR PHYSICIAN [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

STATE

COUNTY

22e ADDRES

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

23b. DATE

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

P.M.

21e PLACE OF INJURY

23¢ NAME OF CEMETERY OR CREMATORY

19

PARKY. COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

(VRA 15, 4)

FUNERAL DIRECTOR: retoined by the hospitol

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DHMH - 16 50M 4/83

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by

MPORTANT: If them 21 is morked or them 18 shaws

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certificate has been

OR ATTENDING PHYSICIAN: The ottending physicio

TO HOSPITAL

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THE PERSON

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of the state Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	SPENCE	R S, C	DVERTON	JULY 1	5 1984 8
3. SE	× M	4 RACE	S. DATE OF BIRTH NONTH DAY 1896	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS
7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR	
10 CI	ITY OR TOWN OF DEATH	- 1	SING HOME OR OTHER INSTITUTION	120 USWAL OCCUPATION (1YPE OF WORK FOR MOST OF	N 126 KIND OF BUSINI WORKING LIFE) BLOG. CO
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		OWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	WARD AV
14. FA	HARIES	OVERTOI	Y DALS	AME MIDDLE	IMNE SAST
16a. V		RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 214-34	CURITY NO. 17 INFORMANT H214 VIRLINIA	QUERTON	DV122 4V
	11-		. 1	H 0	APPROXIMATE INTE
	IMMEDIA	TE CAUSE (a)	QUENCE OF	he bring	2 gan
	Conditions, if any, which	(
	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF		
NO	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
TIFICATION	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC (c) CONDITIONS CONTRIBUTING TO Pellotte		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION FOR	O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 21c HOW INJURY OCCU	La Lucia 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION) 210, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION FOR	O DEATH BUT NOT RELATED TO THE TER LICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO [
	gave rise to immediate couse (a), stating the underlying cause lost underlying cause lost part 2 OTHER SIGNIFICANT (196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (18 EITHER NOTHY MEDICAL EXAMINE) CAUSE OF COURSE OF CO	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 5186ET	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO [
	gave rise to immediate couse (a), stating the underlying cause lost underlying cause lost part 2 OTHER SIGNIFICANT (196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (18 EITHER NOTHY MEDICAL EXAMINE) CAUSE OF COURSE OF CO	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED 21c HOW INJURY OCCU DAY YEAR 19 21l LOCATION 51REET DEGREE ATTENDING	PRED (ENTER NATURE OF INJURY CITY OR TOWN A MEDICAL STAFF	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO [IN ITEM 18 PART OR PART 2] N COUNTY S 20c. DATE SIGNED
	gave rise to immediate couse lat, stating the underlying cause last underlying cause last. PART 2 OTHER SIGNIFICANT of the part of the underlying cause last underlying cause or determined the part of the part	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI TO THE CONDITION FOR WHI P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE ITEM) attended the deceased from the bad offer death.	DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED 21c HOW INJURY OCCU DAY YEAR 19 21l LOCATION 51REET DEGREE ATTENDING	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY CITY OR TOWN To July F In death occurred on the date	20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO [IN ITEM 18 PART OR PART 2] N COUNTY S 20c. DATE SIGNED

MINERAL STATE STATE TO STATE OF THE STATE OF 11.5 11.5 5.10 The state of the s LOTTE FLOOR AVE MARKING CONF. AND THE PERSON OF THE PARTY OF

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funt should be detached far use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removol.

medical

injury, ar ather traumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 simes

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

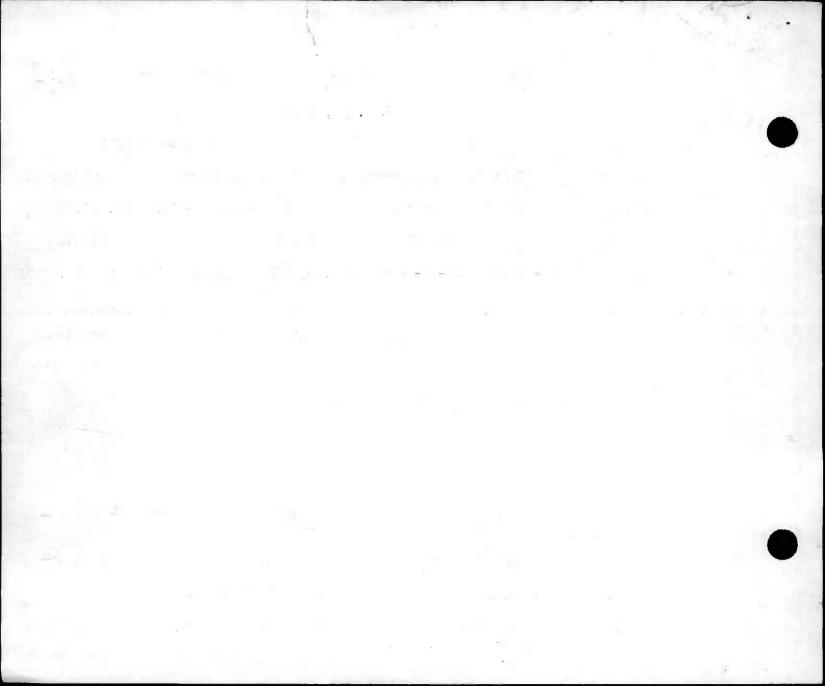
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8 2. 1

R	REGISTRAR			CERTIFIC	AIL OF	AIII	REC	5. NO.				
	ASED NAME FIRST	MIDDLI	E	ŁAST			20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR		
(TYPE OR	WIL	LIAM			STER			16, 19		12: A		
3 SEX		4 RACE		5. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAS	ST BIRTHDAY]	MONTHS DAYS			
2	MALE	WHITE		NOV.	. 14,	1916	67	YRS				
	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED	NEVER .	MARRIED -	9 BALTIMORE CIT	_				
	ARYLAND	USA		WIDOWED	D. D	VORCED [TIMORE COUNTY ME					
-2	ROSEDALE	FRANKLIN	SQUARE	HOSPI'		TITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MI ENGINE)	OST OF WORKING LIF	FE) INDUSTRY	NTENAN		
MAI	RYLAND BA	COTHER INSTITUTION GIVE NTY LTIMORE	RESIDENCE BEFORE A CITY OR TOWN BALTIMO	ORE	YES 🗌	ITY LIMITS?	13e STREET ADDRE 4559 BE	SS / ZIP CODE NNERTON	DR. 21	1236		
14. FATH	HER'S NAME HYMAN	WIDDLE	PASTER	11	MOTHER'	FANNIE	MIDD		SIÊ	ËGEL		
160 WA	S DECEASED EVER IN U.S. AR		SOCIAL SECUR		7 INFORMA	ANT	AC	DDRESS				
(165	YES WITT	-Marines 2	216-03-6	5562	MRS.	SYLVIA	PASTER 4	559 BEN	NERTON	DR. 21		
18	8. CAUSE OF DEATH (Enter or	nly one couse per line	far (a), (b), and	(c).) /	/ hast				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)			and	1ac +	11000 21		timm	ediato		
	Conditions, it ony, which (1b) DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which									10 year		
- 13	gove rise to immediate couse last DUE TO, OR AS A CONSEQUENCE OF Underlying cause last (c) Warrosclerosci								+ 400			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							EN IN PART 1	(a)			
CERTIFICATION	DATE OF OPERATION	196 CONDITION	N FOR WHICH (HOPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES NO YES NO					
₩ 7	10 ACCIDENT WAS UNDERLYING	216. TIME OF IN.		Y YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18	RART I OR RART 2)			
A C	OR CONTRIBUTING CAUSE OF DE.		- DA	19								
WEDIC 2	Id INJURY OCCURRED	21e PLACE OF IT			LOCATI		CITY	ORTOWN	COUNTY	STATE		
- 1-	20-1 certify that (1) (this hosp		ceased from	-		19.68	to	suly 16	1984	that (I)		
	sow the deceased alive or abave, (1) (we) (did) (did no	ot) view the body ofter		and and	that in (my	(aux) opinion (deoth occurred on t	he date and how	ond from the	couses stated		
2	26. SIGNATURE	ANa	uley	M.	GREE _	ATTENDING PHYSICIAN	MEDICAL PH	STAFF	221 DATE	16. SL		
2	24 PHYSICIAN'S NAME (TYPE	OR PRINT)	-		22e ADDRE	-						
	DR. KEITH A	. MANLEY			181	B POT S	PRINGS RD	•				
23a. BUI	RIAL, CREMATION, REMOVAL	23b. DATE 1 77	23c. N	AME OF CEA	AETERY OR	CREMATORY	23d LOCATION	(N	COLAST			
(SPI	BURIAL	7/ 17/84	4	WORKM	ENS C	IRCLE C	EM BALTI	MORE	CORNIA	ARYLAN		
60:	IERAL DIRECTOR SOL LE 10 REISTERSTON	VINSON & I N RD. BAL	BROS.,II	NC. MARYLA	ND 21		TE REC'D BY REGIST		TRAR'S SIGNA			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



requires that the death certificate be executed within 24 hours afte

ATTENDING PHYSICIAN: The law aspital or attending physician.

TO HOSPITAL

BP.

FOR DEPARTMENT OF STATE REGISTRAR CERT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

-	- 6	0.44
DEC		

L					REG. N	J.				
Ī	DECEASED NAME FIRST DONALD	WIDDLE		AST		MONTH	DAY YEA	R Zb HO	UR	
L		SINCLAIR	PAYNE		July 2,				Mq 00	
3	3. SEX 4	I. RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	[YACH1	MONTHS DA	EAR IF UNDI	ER 24 HRS	
Ł	Male	White		ember 12,1901	82	YRS.				
7	O. BIRTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	B BALTIMORE CITY OR COUNTY OF DEATH					
	Maryland	U.S.A.	WIDOWE		Baltimore County,					
T	0 CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT			D OF BUSIN	VESS OR	
L	Timonium	11 Mullingar		Apt. 102 g	afety Coor			oxon C	orp.	
1	USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 1136 COUNT				13e STREET ADDRESS					
ľ	Maryland Balti			YES NO	11 Mulline		_	.102.	2109	
Ţ	4. FATHER'S NAME			15. MOTHER'S MAIDEN NAM	WE	,	017111			
5	Wilson M	Pavne		Cora	WIDDIE		Cir	clair		
1	60 WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRI	SS	511	CLAIL		
		216-10	0417	Janet F. Pay	mo - Camo	20 #1	20			
F	No.			Danet F. Pay	ne - Same	12 #1	APP	ROXIMATE INT	ERVAL	
l	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: 11.4.1	oi, and ici	- Kinstote			BETWI	EN ONSET AN	ID DEATH	
ı	IMMEDIATE	CAUSE (a)	we is	programme.						
ŀ	11	DUE TO, OR AS A CONS	A TOPLE	17			1 -	Mean	/	
1	Canditians, if any, which gove rise to immediate	_								
ı	cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF					/		
ı	onderlying cause last	(c)								
ı	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	S TO DEATH BUT		INAL DISEASE OR CON	DITION GI	IVEN IN PAR	l la		
1	o Ketarperitin		cinaci	1447						
Ŧ.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	ES, WERE FIN IFYING CAU	, WERE FINDINGS USED YING CAUSES OF DEATH?			
1	<u> </u>				YES NO		ES 🗌	NO		
		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART TOR PART	2)		
l	(IF EITHER, NOTIFY MEDIC AL EXAMINER)	P.M.	19							
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OF	SEIVE EADAS ETC L	211 LOCATION	CITY OR IC	WN	COUNTY		STATE	
ı	MHILE NOT WHILE AT WORK	(Although Shield	THE THIN CICY		/)				
ł	220. certify that (1) (this haspita	al) attended the deceased f	ram	19.965	, ta	2007	. 19	, that [l)	(we) last	
ı	saw the deceased olive on_ abave, (I/(we) (did) (did not)	6/79	19 <u>& Y</u> , or	nd that in (my) (our) apinion o	death occurred an the d	ate and ho	our and fram	the causes :	stated	
	22b. SIGNATURE	View the bady difer death.		DEGREE			22c D	ATE SIGNED	D	
.1	* obest	Dukin!		ATTENDING PHYSICIAN F	MEDICAL STA			7/3/8	4	
1	22d PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS	2 DIRECTOR CATTOR	.iais []		,,0,0		
ŀ	D al 25-1	W D		7620 Vork	Road Balt	imoro	Mars	land		
1	Robert Mahon Robert Mahon Robert Mahon	M.D.	73, NAME OF C	EMETERY OR CREMATORY	23d LOCATION	THOLE	, rial y	Land		
ľ	(SPECIFY). Burial	7-6-84		ine Park	Baltimor	6	COUNTY	Managara T.	STATE	
1	74 FUNERAL DIRECTOR	7 0 04			E REC'D. BY REGISTRAR			Maryla	and	
	Ruck Towson Funer	al IIoma Tra	RESS	TIC TOUGH	11 5 CON	the		Aland	1.00	
1	KIICK LOWSOD FIIDEY:	ai Home, Inc.	LOWSON.	N(C) - / 1 / U/4 1 1 1 1 1 1 1				1 - Almalo	-COC_	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the furnitii should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 kwith the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at our

Company of Control Con Compact warms recently to the Same versile in the limit of COUNTY STREET STREET, ST. 12 CLIPTER CO. APELLOS. rinigald one borni confi off as a so - payer . The Table - C-512 AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician

executed within 24 hours after death. Page

FOR DEPARTMENT OF HEAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1	R	.)	0)
Grade B		U	Grid.	hind

1	REGIST	RAR				CERTIF	ICATE OF DEATH		REG. I	NO.				
1	1. DECEASED I	VAME	FIRST		MIDDLE	1	LAST	1	20 DATE OF DEATH	MONIH	DAY YEAR	26	HOUR	P
	(TYPE OR PRINT)		Elsie	Pł	nelps	Pe	earce			July	16 198	34 1	1:30	-
1	3. SEX			4. RACE	-0-6-	5 DATE C	OF BIRTH		AGE (IN YEARS LAST E	-	IF UNDER I Y	AR IF	UNDER 24 HR	ts.
	Fem	ale		White		Jan.		396	88	YRS			OURS MI	4.
7	To. BIRTHPLAC	E (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIE	9	BALTIMORE CITY	OR COUNT	TY OF DEATH	J		
2	Virgin	ia.		USA		WIDOW	_		Ba	ilto.	Co.		,	MD.
1	10. CITY OR TO	OWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTIO		2a USUAL OCCUPA				USINESS)R
1	Monkt	on		2334 \$	Sheppard	Rd.,	21111		Teacher				tion	
ď,	USUAL RESIDE	NCE (# N	ISING HOME OF		GIVE RESIDENCE BEFORE		113d, INSIDE CITY LIM	ITS2 1	3e.STREET ADDRESS	/ 71P CO	DE			
1	Maryla	ind		more	Monktor		YES NO		2334 She			21	111	
7,1	14 FATHER'S	IAME IRST		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	E MIDDLE	100		LAST		
1	Will	iam		MIDDEL	Phelps	5	Lilly		Mobile		M	art	in	
	160 WAS DEC			MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	1	ADD	RESS				
	No	UNKNOWN	(IF TES, GIV	E WAR OR DATES)	216-46-	4984	Mr. John	n H.	Pearce.	Tr.	Butler Rd.			
	18. CAU	SE OF DE	ATH (Enter or	ly one couse per	line for (a), (b), an			2	1023		APP	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PAR	T I. DEATH	WAS CAUSE	D BY: TE CAUSE (a)	Acutiz	MYO	CARDIAL	1201	PARCTION		6	Ha	UKS	
		DUE TO, OR AS A CONSEQUENCE OF								_				
	Condit	Conditions, if any, which (th) CORONARY ARTERY DISPASSE								3	YE	LARS		
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying cause last.										- 1		
	PART 2.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										=		
	20 0	CEREGE HAR OFGENDANTION												
7		E OF OPER			ITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206. IF YES, Y					
	Ī								YES NO		YES [NO [
	21a. ACC		INDERLYING	110110 4	F INJURY M. MONTH DA	AV VEAD		OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I OR PART	2)		
	OR CONT		CAUSE OF DE	ALIN .	M. MOITH D	19								
	WEDICAL (NETTH 214")	URY OCC	JRRED	21e PLACE	OF INJURY	****	211 LOCATION		CITY OR	IOWN	COUNTY		STATE	-
	WHILE AT WORK	NOT AT	WHILE	(AI HOME, SII	REEL, PACTORY, OFFICE, P	ARM, ETC.)	3,427							
i	27a 1 ce	220 certify that (1) (this haspital) attended the deceased from AVOST 19 82 to 6 3047 19 84, that (1) (co) lost												
	sow	the dece	ased plive on	5 Ju.	ofter depth	84.0	nd that in (my) (an) a	pinion de	eath occurred on the	date and h	our and Irom	the cou	uses stated	
		NATURE		•	oner deam.		DEGREE				22c. D.	ATE SIC	GNED	_
		15	-14	M		^	ATTEND PHYSIC	IAN	MEDICAL ST DIRECTOR PHYS	AFF	18	m	184	
	22d. PH1	SICIAN'S	NAME (TYPE	OR PRINT)			22e. ADDRESS				4.00			
١	J.	Dix	on Hil	ls, M.I	ο.		3501	St.	Paul St.	, Bal	to. N	1d.		
	23a. BURIAL, C					NAME OF C	EMETERY OR CREMA		23d LOCATION					_
	Buri	ial .		7/19/	84 St.	. Jan	nes Epis.	Ch.	Monkton	a I	Balto.		Md.	
	24 FUNERALI		MAIL	201		(Cem. 2		REC'D. BY REGISTRA				E	
	Marti	n D.	Laws	on, 10	W. Pado	nia F	Rd. 21093	JUI	201984	Felia	Davidson	-A	ndere	

DHMH - 16 50M 4/83 (VRA 15, 4)

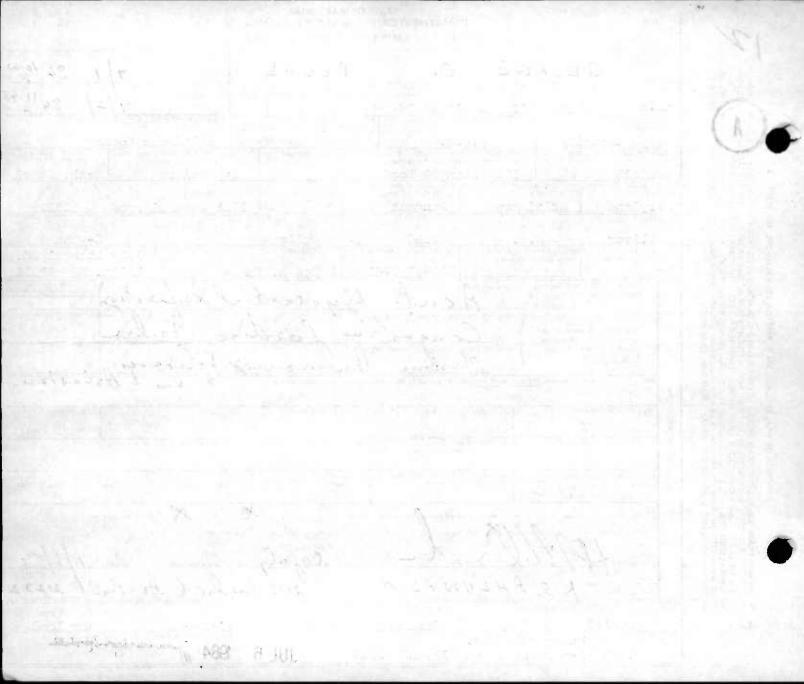
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 haurs oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, ar ather traumatic event, the medical adminetmust be notified above

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THE RESERVE OF LAND SHAPE AND THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE		

	FOR STATE			STATE OF DEPARTMENT OF HEAD EDICAL EXAMINER'S		EDEATH	18221
1. DE	REGISTRAR CEASED NAMI PE OR PRINT)	GEOF		MIDDLE O.	PEEDE	20. DATE KNOWN OF ESTI- DEATH MATED	1 01/4
3. SE)	X	1. RACE	Is, DATE OF BIRT		UNDER 1 YR. IF UNDER		MONTH DAY YEAR 2d H
	ale		MONTH DA	Y YEAR LAST BIRTHDAY) MC	ONTHS DAYS HOURS	MIN PRONOUNCED	-121 8111.
	IRTHPLACE (S	White	11 2	1909 74 YRS. WHAT COUNTRY? 8		9 BALTIMORE CU	TY OR COUNTY OF DEATH
	DREIGN COUNTRY)			MA	RRIED X NEVER MARRI	IED L.	
	orth Ca			.S.A. WID:		Dateino	TYPE OF WORK 126 KIND OF BUSINES
			(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	undalk AL RESIDENCE	(IF IN NURSING HOME		Stengel Road GIVE RESIDENCE BEFORE ADMISSION)		Supervisor	Beth. Stee
13a. S	TATE	13b COUP	VTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	aryland		timore	Dundalk	YES NO W	1728 Stenge	1 Road 21222
14. F/	ATHER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDE	EN NAME MIDDLE	LAST
	Oliver		J.K.	Peed	Julia		Cayton
	ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	RESS 1728 Stengel Rd
No				213-07-0741	Helen A.	Peede	Balto, MD 2122
ICATION	PART 2 OTHER SI			TH BUT NOT RELATED TO THE TERMINAL DIS		11 1 2 day	20 AUTOPSY?
IFIC							YES NO
AL CERTIF	UNDERLYING	CAUSE WAS	HOUR A	OF INJURY .M. MONTH DAY YEAR .M. 19	HOW INJURY OCCURRE	D "(ENTER NATURE OF INJURY IN ITE	
MEDIC	214 INJURY C		21e PLAC		LOCATION STREET	CITY OR TOWN	COUNTY \$1/
1	220 certi death results ACTUAL SEPATURE EXAMINER'S CTYPE OR PRI	NAME L	Achiel 1	Accident August Accident August Accident August Aug	Homicide TITLE (SPECIFY) ADDRESS 21/2	Undetermined monner [2] MEDICAL EXAMINER Dualal	DATE 7/2/89 AN B-CV 2/22
23a.B	URIAL, CREMA	ION, REMOVAL		23¢ NAME OF CEMETER		23d LOCATION	
(5	SPECIFY) Bur		7/5/84	Moreland Me		Baltimore	Maryland
24 FI			1/3/04	I MOLELAND ME	TUTTOIL	Dall IIIIOTA	Maryiand
	UNERAL DIREC	TOR Duda-	Ruck Tre		25a, DATE F	REC'D. BY REGISTRAR 756 R	REGISTRAP'S SIGNATURE
	NAME	Duda.	Ruck, Inc		25a. DATE F	REC'D. BY REGISTRAR 756 R	

BP___ **DHMH** - 17 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.			
1		CEASED NAME FIRST	,	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
		Mary	PEIZIK			K	JULY	27. 1984	1	1:3	10PM
	3. SE)	x	4 RACE		5. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIE	THDAY) IF U	NDER I YEAR	IF UNDER	24 HRS
	2.3	Female	Cauc.		07	7 000	86	YRS			
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	54.3	
		Poland	U.S.		WIDOW	ED DIVORCED		RE COUNT	ı	95.0	MD.
2	ID CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINE	SSOR
1	100	Balto. County	FKanl	klin Squa	re Ho	osp.	Homemake			NIE!	
5	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	13c. CITY OR TOW	E ADMISSION) /N	1136 INSIDE CITY LIMITS?	13. STREET ADDRESS				
	-	Maryland		Baltin	ore	YES X NO	6417 Danvi	lle Ave	nue	2122	4
	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LASI	1	
U		Paul		Mikuls		Katherin			Kwo	ka	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS			
-		No		213-07	-5189	D. E. ward Pe	izik - 6417	Danvil	le Av	e. 2	1224
		18. CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), an	id (c).)				APPROXI	MATE INTER	VAI DEATH
		PART I, DEATH WAS CAUSE	D BY:	ARDIOPULI	MONAR'	Y ARREST					
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		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b) CARCINOMA OF BLADDER .									
	7	gove rise to immediate									
		cause (o), stating the underlying cause lost (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P									
	NO	The state of the s									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED					
4	HE						YES TO NOW	NG CAUSES OF DEATH?			
	ER	210, ACCIDENT WAS UNDERLYING	21h. TIME O				URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)				_
£	D-1707011	OR CONTRIBUTING CAUSE OF DE	ALIP	M. MONTH D							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	21e. PLACE	M. OF INJURY	19	211 LOCATION			-		-
	A.	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA			STREET	CITY OR TOWN		COUNTY	51	TATE
		220.1 certify that X(this haspi	A - 15 - AA A A II.		TINE 0	5 19 84	to1111 Y	2719	84	d	
					040	and that in (our) opinion	death occurred on the d	ate and hour on	d from the	that XV	rted
		sow the deceased olive on above, D (we) (did) (d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.	i) viell be book	after death.	04	DEGREE			22¢ DATE		
		DI -		,		ATTENDING		FF 🛶			1984
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6	100	22d. PHYSICIAN'S NAME (THE	R PRINT }			77e. ADDRESS					
		R TRETOLA	MD			9000 FR	ANKLIN SOUA	RE DR. 2	21237		
		BURIAL, CREMATION, REMOVAL	236. DATE		NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	5	TATE
		Burial	07/31	./84 s	acred	Heart of Mar			imore		
		UNERAL DIRECTOR		ADDRESS			TE REC'D. BY REGISTRAL	75 REGISTER	SSICAL	dille	11
	W	Valter Dabrowsk	1 - 1005	Dunda 1k	Aven	ue 21224 AUG	2 1984			-	-3]

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATEOF	EAIN	REC	5. NO.		
1. DECEASED NAME FIRST	WIDDLE	LA	AST		20 DATE OF DEAT	н момтн	DAY YEAR	26 HOURE
(TYPE OR PRINT) Joann	PENIZA				JULY	5 1984	4	p. w
3. SEX	4 RACE	5. DATE O			6. AGE (IN YEARS LAS	ST SIRTHDAY)	IF UNDER 1 YEAR	
Female	Caucasian	MONTH		YEAR	52	YRS.	MONTHS DATS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	19-31		9 BALTIMORE CIT	IIIO.	Y OF DEATH	
Tennessee	U.S.A.	WIDOWE	XX NEVER	VORCED	BA	LTIMORE	E COUNT	ГҮ мр
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O			12a USUAL OCCU	PATION	12b. KIND (OF BUSINESS OR
Baltimore	Franklin Squ	are H	ospit	a1	homen	1	LIFE) INDUSTRY	1.46
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	UNTY 13c CITY OR TO		13d. INSIDE (NO D	13e.STREET ADDRE			1222
14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER	S MAIDEN NAM	AE MIDD	lE .	IA.	\$1
Troy	William	ıs		E1	sie	F-10	Rose	
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORM		Ā	DRESS	. 2	1222
no	213-28	3-4171	Mr.	Jose	Peniza.	8008	Del Ha	ven Rd.
	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) T CONDITIONS CONTRIBUTING T	QUENCE OF	NOT RELATE	TO THE TERM	IN AL DISEASE OR C	CONDITION G	IVEN IN PART 1	10
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION	N WAS PERF	RMED	YES NO	IN CERT	ES, WERE FIND IFYING CAUSE YES []	
OR CONTRIBUTING CALLES OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW II	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
UIF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC)	211 LOCATI		CITY	OR TOWN	COUNTY	STATE
sow the deceased alive	spitol) ottended the deceosed from JULY 5 19	84J. on			death occurred on t		our and from the	that (we) lost couses stated
M.E.	lestound			ATTENDING PHYSICIAN		STAFF	ZII. DAII	7 - 5 - 8
Dr. ZE	TOUNEH	1		000 FRA	NKLIN SQL	JARE DR	IVE 212	37
23a BURIAL, CREMATION, REMOVA		NAME OF C			23d LOCATION	W.	COUNTY	STATE
Cremation	7-7-84	Secur	ity P	rocess	Ba.	Ltimor	e, Mar	yland

DHMH - 16 50M 4/83 (VRA 15, 4)

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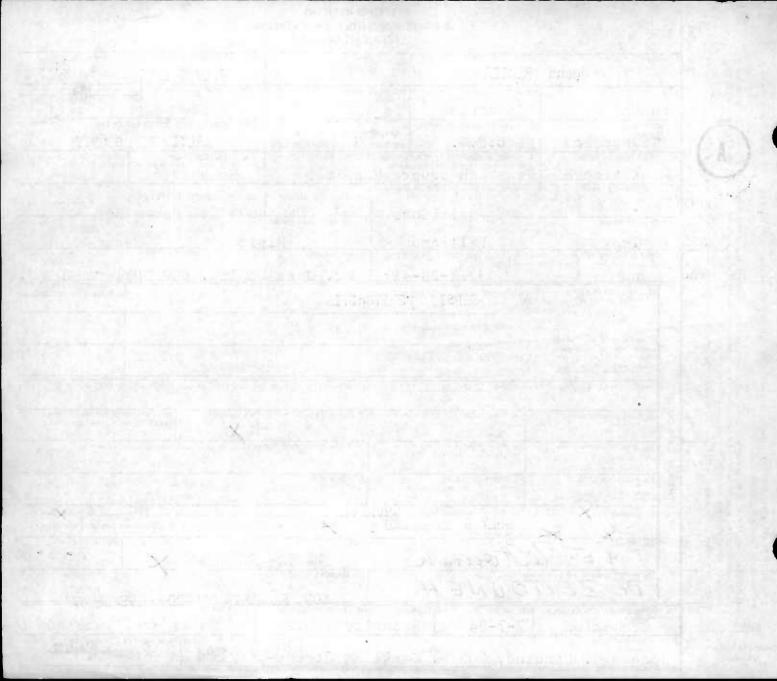
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the buriol-transit permit. Then please remove carbon pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic en

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

24 FUNERAL DIRECTOR

FOR - STATE

Joseph N. Zannino, 263 S. Conkling Street 9 1984



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MIDDLE MARY D. PERKINS LTYPE OR PRINTS MARY D AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX MONTH White emale BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE LSTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY 8 WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH lowson USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. IN 13a STATE 00 Baltimore NO K 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE FIRST M. Dignan Mary Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO perlenacor Conditions, if any, which gave rise to immediate couse (a), stating K CONSEQUENCE OF underlying cause

12h KIND-OF BUSINESS OR Balto, County FIVE 21204 MIDDLE Bowling ADDRESS George H. Perkins - Same as #13e APPROXIMATE INTERVAL BETWEEN ONSE PAND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION WED! 21e PLACE OF INJURY 714 INJURY OCCURRED COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE ON NOT WHILE OF 220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on above (1) bire) (did) (did not) view the badd other death and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LITYPE OR PRINTI 22e ADDRESS 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) Timonium, Baltimore, Maryland 7-14-84 Dulaney Valley Burial ADDRESS 1050 York Rd. 24 FUNERAL DIRECTOR

REG. NO

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IF UNDER 1 YEAR

2h HOUR

Dept 4 should be detained with the State [MPORTANT:

Ruck Towson Funeral Home, Inc. Towson, Md 21204

DHMH - 16 50M 4/83 (VRA 15, 4)

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Timonium, Baltimore, Mary	Valley	ulanev	1 49	7-28-	Purial

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TO MOSPITAL OR ATTENDING PHYSICIAN. The la

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		DEFARIMI	CERTIF	ICATE OF DEATH	OIENE	REG. NO.				
	CEASED NAME	A	AIDDLE	1	£ ST	20. DATE O	FDEATH MONT	H DAY	YEAR	2b. HOUR	R
	Mrs. Ed	lith Pet	erson			1 3	ulv 1 198	4	- 7	191	5 M
3. SE	X	4 R/~	15"	5. DATE C		6. AGE (IN	YEARS LAST BIRTHDAY	IF UND	DAYS	IF UNDER	24 HRS
Fe	emale	Caucasia	n		ery 8 1895	89		YRS.	DATS	HOURS	MIN.
o. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	NEVER MARRIED	10.00	RE CITY OR CO	11101	EATH		
N	w York	IISA		WIDOWE		Baltin	more Count	v			MD.
	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPATION	128	. KIND OF	BUSINE	
R	andallstown		re County Ge		Hospital	Honena Honena	K FOR MOST OF WOR	KING LIFE) IN	DUSTRY		
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A	DMISSION)							—
- 1-	STATE 136 COL	INIY	Baltinore		13d. INSIDE CITY LIMITS?	13e. STREET	Woodnont	Arzo		2123	Q
_	ATHER'S NAME		Butthore	CILY	15 MOTHER'S MAIDEN NA		MACHINE	Ave.		الملام	
a	FIRST	WIDDLE	LAST		FIRST (Washalle	(m-	WIDDLE		LAST		
_	narles Carlson WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECURI	ITY NO	Hilma (Wahlb		ADDRESS			2120	_
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES			17. IMPRMEIOF Pet				2.5	2120	12
n			212-01-68	92	6811 Campfie	ia ka.	Balti	more	APPROXIM BETWEEN O	aryla	
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last: PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)		ATH BUT	NOT RELATED TO THE TERM	20a AUTO	OPSY? 20b.	IF YES, WER	E FINDING	GS USED OF DEATH	H?
RT	23. ACCIDENT WAS UNDERLYING	215 7145 01	T IN I I I DV		21- HOW IN HIRV OCCU	YES 🗌	NO	YES [NO [
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH	A. MONTH DAY	YEAR 19	21¢ HOW INJURY OCCUI	KRED (ENTERN)	ATURE OF INJURY IN IT	EM 18, PART 1 O	RPART 2)	4	
ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FAR	M, ETC)	STREET		CITY OR TOWN	CC	YINUC	51	TATE
	220.1 certify that (1) ((in has saw the deceased live of above (1) (we) add (1) d r 22b. SIGNAT	7/1	19 8		d that in (m) (our) opinian				Irom the co	IGNED	
	22d PHYSICIAN'S MAR III		PEUS MI	/	ATTENDING PHYSICIAN 220 ADDRESS 12426 GR	MEDICAL DIRECTOR	PHYSICIAN PHYSICIAN	Ow.	4-1	1-84 Mills	Ma
73o	BURIAL, CREMATION, REMOVA (SPECIFY)	Z 23b. DATE	231 NA	ME OF C	EMETERY OR CREMATORY	23d. LOC	ATION		1114		
B	rial	7-4-84	Mo	relan	Memorial Park		ville	Baltir	rore M	aryla	nd
4 F	UNERAL DIRECTOR Lorin	Byers Fur	eral Direct				REGISTRAR 25b. R		SIGNATU	RE	
8	728 Liberty Road R					JUL 3	1984 9	when the	Addon-	Mand	182

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TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept. of Health

DHMH - 16 50M 4/B2 (VRA 15, 4)

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	TO HOSPITAL CAR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 1. Turneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbanpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF C	PEATH		REG. NO					
	1. DECEASED NAME FIRS		OSEPH		ANDTN	FR	2a. DATE OF	DEATH M	7 ¹	DAY	YEAR 84	26 HOU	45 PN
	3. SEX MA LE	4. RACE		5. DATE O	OF BIRTH	158	6. AGE (IN YE				R I YEAR DAYS	# UNDER	X 24 HRS MIN,
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER	MARRIED VORCED	9 BALTIMOI BALT	RECITY OR	COUNT			1	MD.
	OWSON, MD.	GBMC-		CHAF		ITUTION	170 USUAL C (TYPE OF WORK ELECTR	FOR MOST OF	WORKING L	IFE) INC	KINDO USTRY END]	F BUSINI	ESS OR
	MARYLAND	ME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW BALTIMO	N	13d INSIDE C	NO 🗌		UPSH			212	218	
1	14. FATHER'S NAME FIRST	MIDDLE	LAST		K	S MAIDEN NAM FIRST ATHERIN					LAST	1	
/		S. ARMED FORCES? es, give war or dates) WW II	179-03-3		WILLIA	M FISHE	ER 8 33 4	DALE				2123	
	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	AUSED BY: EDIATE CAUSE (0)	SEPS	15						-	APPROXI	MATE INTE	DEATH
	Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause los	th (b)	A LCOH	OLIC	77	DISE	ASE						
	PART 2 OTHER SIGNIFICA	ALCOHOLI				TO THE TERM	IN AL DISEASE	OR COND	ITION G	IVEN IN	PART II	O .	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN		ITION FOR WHICH			RMED	200 AUTO	PSY?	IN CERT			OF DEA	TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA 2101. INJURY OCCURRED	OF DEATH HOUR A	OF INJURY ,M. MONTH DA ,M. OF INJURY	AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTERNAL						
	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this saw the deceased ali		REET, FACTORY, OFFICE, F.		/26/	84	, to	7/1	3	, 19	84	that (1) (we) last
	saw the deceased alivabave, (I) (we) (did) (d 27b. SIGNATURE				nd that in (my)	(our) opinion o	death occurred	d an the dat	e and ha		DATE	SIGNED	
	224. PHYSICIAN'S NAME (Uh	ms	22e. ADDRES	_			ANKX	CT	7	/14	/84
	TODD H. H					1C-670		CHARL	.65	51.		· - :	
	230. BURIAL, CREMATION, REMO (SPECIFY) BURIAL				EY VALL		TIMON	NIUM,	BALT	O. C	Ö.,	MD.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If He

FOR

BURIAL JULY 17,1984 DULANEY VALLEY TIMONIUM, BALTO. CO., MD.

74 FUNERAL DIRECTOR

STEWART & MOWEN CO. BALTIMORE, MD. 221201

108 W. NORTH AVES. DATE REC'D. BY REGISTRAR 210 REGISTRAR

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11	FOR - STATE			FICATE OF DEATH	IENE O		
	REGISTRAR				REG. NO		
	CEASED NAME FIR	RST MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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	femlae	black	3	9 1916	-	8 YRS	TOOKS MIN
7a. B			DUNTRY? 8		9 BALTIMORE CITY O	R COUNTY OF DE	ATH
19	SIRTHPLACE (STATE OR FOREN	USA	WIDOW	D NEVER MARRIED DIVORCED D	Baltim		
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME		120 USUAL OCCUPATE	ON 12b.	KIND OF BUSINESS C
// B	ethoada	JIF NOT IN SUCH FACILITY, C		- 1	I TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	USTRY
USU	ethesda JAL RESIDENCE (IF NURSING F	Suburbar	NCE BEFORE ADMISSION)	<u>a1</u>			21223
130.	STATE 13b	COUNTY	timore	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		Avenue
7	Md ATHER'S NAME	V 150.1	0110010	YES NO NO NA	2416 La	auretta	niv emae
47)	FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAST
	lem		owdy	Eva	46505		Dowdy
	WAS DECEASED EVER IN L	U.S. ARMED FORCES? 16b. SOC FYES, GIVE WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	ADDRE	Brooky:	ille Md
X L	No	N	1/A	Frances Dia	allo 3351	Gold M:	ine Rd
1	18 CAUSE OF DEATH IE	inter anly one couse per line factor	o), (b), and (c).1	11 1	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CAUSED BY: MEDIATE CAUSE (a)	rTeriolo	ar Nephros	clerosis		5 + yea
						CHAIR B	
3			ONSEQUENCE OF				
NO	gove rise to immedi cause (a), stating underlying cause li	the DUE TO, OR AS A CO	TING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or contents	DITION GIVEN IN I	PART III Jau
IFICATION	gove rise to immedi cause (a), stating underlying cause li	obte DUE TO, OR AS A CO lost. (c) CANT CONDITIONS CONTRIBUT HEART FAIL	ure;	NOT RELATED TO THE TERM ON WAS PERFORMED	ANNAL DISEASE OR CONI POTIC ATT A C 200 AUTOPSY? YES II NOTY	TIS Obs	
CERTIFICATION	gove rise to immedicate (a), stating underlying cause In PART 2 OTHER SIGNIFICATION (CONTINUE OF CONTINUE OF CONT	OST. CANT CONDITIONS CONTRIBUT CANT CONDITIONS CONTRIBUT FAIL N 196 CONDITION FOI VING 7 216, TIME OF INJURY	TING TO DEATH BUT	Septicemia/S	Pric Arthro	206. IF YES, WERT IN CERTIFYING O	EFINDINGS USED CAUSES OF DEATH?
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DRTANT, # 16

MEDICAL

JACOB

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

	STATE OF MAK
	DEPARTMENT OF HEALTH AN
E	CERTIFICATE O

PRESS PRESS

166 SOCIAL SECURITY NO

STATE OF MARYLAND ID MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST TYPE OR PRINT)	HAROLD	PR É SS	JULY 4, 1984	AY YEAR	7 AM A
3 SEX	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR	IF UNDER 24 HRS
MALE	WHITE	FÉBRUARY 1,1912	72 _{YRS.}	O ATT	min.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE CO	YTNUC	WE
10. CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS OR
BALTIMORE	3617 YENNAR LA	NE, APT. 1-B (21207	PRINTER		APERS
13a. STATE 113b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY ALTIMORE BALTIMO		13e STREET ADDRESS / ZIP CODE 3617 YENNAR LAN	NE,APT.	1-B (21
14. FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME		

	(IF YES, GIVE WAR OR DATES)	215-07-3357	MRS.	SYLVIA	PRESS	3617	YENNAR	(21207) LANE, APT. 1-B
18 CAUSE OF DEATH PART I. DEATH WA:	(Enter anly ane cause per S CAUSED BY: MMEDIATE CAUSE (a)	line for (a), (b), and (c).	CATOR	ly 1	PRRES	7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, or gove rise to imme couse (a), stating	which (b) the DUE TO, O	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF RECEIVED		ChiAs			**	

17 INFORMANT

GERTRUDE

BYPHSS CXAPTING -1980

11/28/80	196. CONDITION FOR WHICH OPERATION	CONDITION FOR WHICH OPERATION WAS PERFORMED			NDINGS USED USES OF DEATH? NO [
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	214. HOW INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	1.53
214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	n COUNT	Y STATE

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NOT WHILE WHILE AT WORK AT WORK

27a | certify that (1) this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body at 7 drath and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE DEGREE

PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	
DD DEDNIADD DUDTN		(21207

<u>DR. BERNARD RUBIN</u> 3502 CROYDON RD 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY

BURIAL 7/6/84 HEBREW FRIENDSHIP CEN

BALT IMORE

MEDICAL STAFF
DIRECTOR PHYSICIAN

ADDRESS

HILKOWITZ

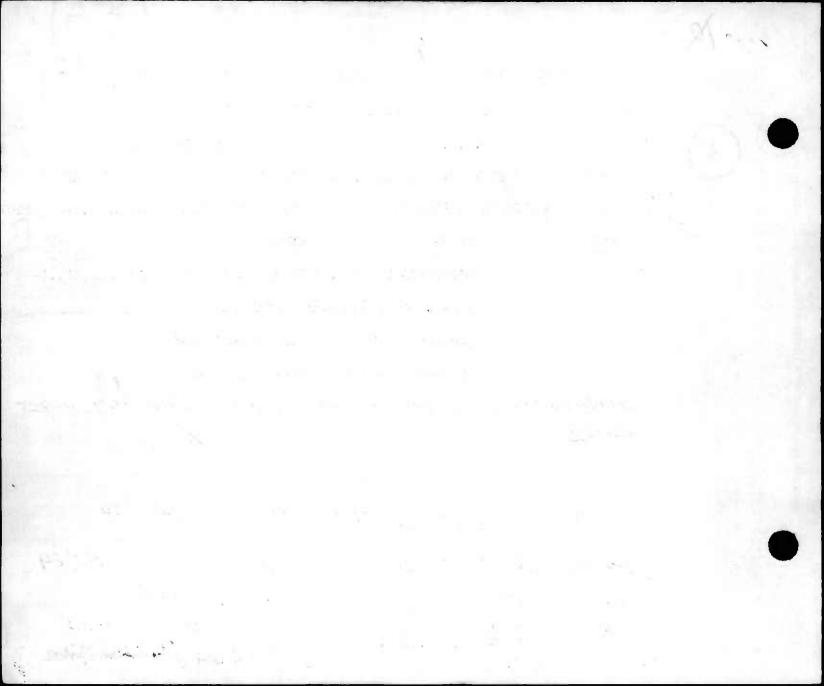
STATE

MARYLAND

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

DHMH - 16 50M 4/83 (VRA 15, 4)

After this certificate has been



CTATE OF MADVIAND

6-1	-	8	2	2	

FOR STATE REGISTRAR	- STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH			
DECEASED NAME	FIRST	MIDDLE	LAST	20		

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Baltimore

230 BURIAL, CREMATION, REMOVAL

Burial

7631 Johnnycake Road

REG. NO. DATE OF DEATH MONTH 7h HOUR 1984 PROMUTICO 2. July ROSE 6:30A 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4. RACE 18, 1895 88 White Nov. Female BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Italy Italy NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2n USUAL OCCUPATION 12h KIND OF BUSINESS OR CITY OR TOWN OF DEATH (1YPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Own Home

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 STREET ADDRESS / ZIP CODE 7631 Johnnycake Road 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 21207 Baltimore NO X Maryland Baltimore IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME (UNKNOWN) UNKNOWN) (unknown) Rosemarie

168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Rocci J. Promutico -Baltimore, Md. 21207 HEYES GIVE WAR OR DATES) 217-05-8838D No

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) -arteri sdevotici Vacrela dissac PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER		VAS PERFORMED		206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		It. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN (TEM 18 PART I OR PART 2)	- 15

LIE FITHER NOTIFY MEDIC AL EXAMINER)

71e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOI WHILE 22a L certify that (1) (this hospital) attended the deceased from saw the deceased alive an (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (was) (chat) (did not) view the bady after death

22c DATE SIGNED DEGREE 22b. SIGNATURE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS

Joseph R. Liberto M.D.

Lake View Memorial Park Sykesville

DHMH - 16 50M 4/83 (VRA 15, 4)

MEETOY DAFTOR Russell C. Witzke Funeral Homes P.A. 250 DAF REC'D BY REGISTRAR 1630 Edmondson Avenue, Catonsville, Md. 21228

7/5/84

23b. DATE

STATE

DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B A REG. NO.	8 2	3 0
R.	Pimpian	20. DATE OF DEATH MONTH	-84	26 HOUR 457
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER THEIRS.
	MAR. 29, 1905	79 YRS	MONTHS DAVS	HOURS MIN.
T COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	WIDOWED DIVORCED	BALTIMORE CO	DUNTY	ME
ILITY, GIVE STREET	G HOME OR OTHER INSTITUTION VODRESS! Y GEN. HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOUSEWIFE		F BUSINESS OR
RESIDENCE BEFORE	ADMISSION)		_ APT	203

phys

FOR STATE REGISTRAR DECEASED NAME TYPE OR PRINTE

ORYNE 3. SEX FEMALE WHITE TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHA COUNTRY MARYLAND USA NAME OF HOS CITY OR TOWN OF DEATH (IF NOT IN SUCH FAC RANDALLSTOWN BALTIMOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTIMORE 6711 PARK HTS. AVE. 21215 MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 FIRST MIDDLE LAST ROSEN KANNER PAULINE MAX APT. 203 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HENRY PUMP PANSS NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO 217-48-3566 6711 PARK HTS. AVE. ., MD 21215 BALT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (b), and (c).) 18 CAUSE OF DEATH (Enter only one couse per line for (g) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting underlying cause CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? nsit pe NO [sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STREET STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from FUNERAL DIRECTOR. sow the deceased aliv and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did w the body ofter death 226 SIGNATURE DEGREE 22L DATE SIGNED ild be detach the State De MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL BALTIMORE 7/8/84 CHIZUK AMUNO MARYLAND BP SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

6010 REISTERSTOWN RD. (VRA 15, 4) BALTO

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FOR YOUR FILES

	STATE	OF M	ARYLAND	
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-	REGISTRAR	MEDICAL EXA			KE	G. NO.	
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all I	FEMALE White 9/	21/87 9	· mon	THS DAYS HOURS	MIN. PRONOUNGE	Toly à	29 84 25
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	REIGN COUNTRY)	U.S.A.		RIED NEVER MARRIE WED DIVORCE		nore	CO.
-		IAME OF HOSPITAL, NURSING			12a USUAL OCCUPATION		26. KIND OF BUSINESS
-		F NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)		FOR MOST OF WORKING LIFE		OR INDUSTRY
SUA	AL RESIDENCE (IF IN NURSING HOME OR OTHE		F ADMISSION)		Homemaker		
	TATE No COUNTY	13c. CITY OR T	OWN		13e. STREET ADDRESS		1228
1	bary land Balt im	ore Balt	imore	YES NO	1223 Car	nberwe	II Ro.
FA	ATHER'S NAME FIRST MIDE	DLE LAST		15. MOTHER'S MAIDEN	N NAME MIDDLE		LAST
	Benjamin	Breen		3anc		Me	ir
	VAS DECEASED EVER IN U.S. ARMED F		ECURITY NO.	17 INFORMANT	ADD	PRESS	
	CO. 110, OR GIACIOTIA) IN IES, GIVE WAR OF						
	Tho	214-0	07-005	5 Albert	Custer.	Baltim	ore. Md.
=			07-005	5 Albert	Custer, 1	Baltim	APPROXIMATE PREFEYA
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	18 CAUSE OF DEATH (Enter only one	cause per line (a), (b), and	UENCE OF	- aye	Custer, 1	Baltim	APPROXIMATE PREFEYA
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	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CAI Canditions, if any which gave rise to immediate cause (a) stating the underlying cause last.	USE (a) DUE TO USE CONSEQUENCE (b) DUE TO OBSOL CONSEQUENCE (c)	CENCE OF LENCE OF LENCE OF	eged &	ASCUR Stude	Baltim	APPROXIMATE PREFEYA
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CALCERIINCALION	18 CAUSE OF DEATH (Enter anly one PART I DEATH WAS CAUSED BY: IMMEDIATE CAI Canditians, if any shich gave rise to mined and cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	Cause per lang (a). (b) and USE (a) ON SEQ (b) ON SEQ (b) ON SEQ (c) ON SEQ (UENCE OF PENCE OF THE TERMINAL DISEA THOPERATION V	ASE OR CONDITION GIVEN IN PAR	ASCUR Stureli) , .	20 AUTOPSY?
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MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CAL Conditions, if any which gave rise to mind on couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIL 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	Cause per land (a), (b), and USE (a) DUE TO ONSEQUENT OF THE CONSEQUENT OF THE CONSEQUENCE OF THE CONSEQUENC	UENCE OF THE TERMINAL DISEA TH OPERATION V YEAR 19	ASE OR CONDITION GIVEN IN PAR WAS PERFORMED?	ASCUR Stureli) , .	20 AUTOPSY? YES NO

EXAMINER'S NAME (TYPE OR PRINT) Charles ODonneller

. 1984

timore,

23a. BURIAL, CREMATION, REMOVAL

ostbu

23d. LOCATION

STATE

Burta 24 FUNERAL DIRECTOR

Juneral Home, frostburg, AUG 7

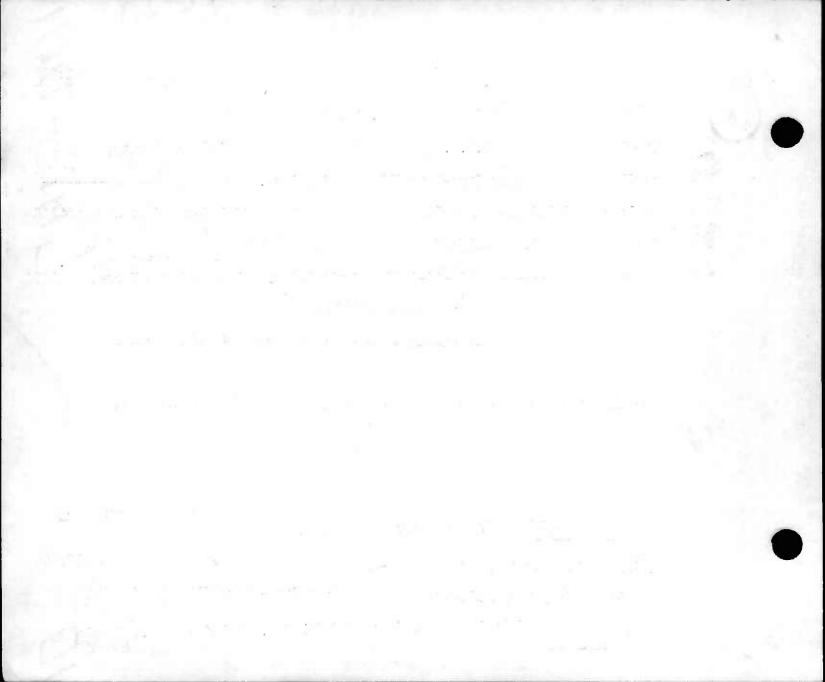
Frostburg 250. DATE REC'D.

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

BP.

CATHERINE OUTUN FEMALE = 1.2 9/87 = 96 SELLIBORS CLIF CO. emaigress enterest SHI STANDARD COMMITTEE corplendations and times a least underself us. .on .promising . asign) fraud, 6500-15-015 Willestermen / With without and Exiting, length 1 5 1 with the state of the state of

3	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		8	2, 3 2
	1 DE	CEASED NAME FIRST	MIDDLE		AST	REG. NO	O. MONTH DAY YEAR	26 HOUR
* £		OR PRINT!	WOOLE .			To DATE OF BEATT	MOTOR DAY	2:29P.
		Anna	M.	RASS		July 1		741
	3. SE	X.	4. RACE	5 DATE (& AGE (IN YEARS LAST BIRT	MONTHS DAY	
(A)		Female	White	Oct	10, 1891	92	YRS	
2 2 10 h		RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
20 S S S		Maryland TY OR YOWN OF DEATH	U.S.A.	WIDOW		Baltimor	e County.	MD.
frer de l'un fred di	18 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION		ON 176. KIND F WORKING LIFET INDUSTR	OF BUSINESS OR
by the		ssville	Magor Care-	Rossvill	Nursing Cnt	n Home make	r	
pletely filled in and 2 should be	130	AL RESIDENCE (IF NURSING HON STATE 13b. C	AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13c. CITY O	E BEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
fills fills			Itimore Over	lea	YES NO W		ood Avenue	21206
vithing 12 st	14. FA	THER'S NAME	MIDDLE LA	451	15. MOTHER'S MAIDEN NA	AME		LAST
and and and		George	C. Holdor		Anna	Lang		
ond co		VAS DECEASED EVER IN U.S		L SECURITY NO.	17 INFORMANT	ADDRE	ss Baltimore,	Md
Beo Go	,	no		44-2966	Doris Ander	son 100 Rolh	aven Terra	21236
hysicia popers saval.			er only one couse per line for (o),			son 100 Belh	APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
physical noop moved; yent, 1		PART I. DEATH WAS CA	DIATE CAUSE (0)	dian	arrest			
ding or re or re		1777%	DUE TO, OR AS A CON	ISEQUENCE OF				
tent tent ton,		Conditions, if any, which	C 11		otic Cardiov	ascillar Die	ease	
he o he o mot		gove rise to immediate couse (a), stating the						
that the description of the crement of the crement or the crement of the crement		underlying couse lost		ISEQUENCE OF				
ned ned urio		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERA	MIN AL DISEASE OR COND	DITION GIVEN IN PART	lio
n sig Ther to b	S O	1) Sovere	Serile Den	neutia	z) Chron	ic Hunerto	cusion	
bee mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO		20a AUJOPSY?	20b. IF YES, WERE FINE	
The Iccion.	Ě					YES NOW	IN CERTIFYING CAUS	NO [
physicia physicia tificate h il-transit tal Hygie m 18 sha	E E	218. ACCIDENT WAS UNDERLYING		LL DAY VEAD	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	TY IN ITEM IS PART I OR PART 2	1)
CIA B ph B ph col-tr	14	OR CONTRIBUTING CAUSE O	DEATH	H DAT TEAK	1			
HYSI Inding Buril Amerika	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TOV	wn COUNTY	SIAIE
G P offer the one of the	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIKEEL	CITORIO		31416
Aft Se of the More	-		ospital attended the deceased	from	8-30 1979		11 1984	_, that (1) (we) last
TTEN Sital TOR for u		tow the deceased alw	dant view the body after death.	_19_840	nd that in (my (our) opinion	death occurred on the do	te and hour and from th	
OR AT e hosp DIRECT Sched f Dept e	/	77h SIGNATURE	ganor view the body offer deoth.	- 1	DEGREE		22c. DA	TE SIGNED
of the house the best of the Dep		Burnel	HIVAILL	1. 110	ATTENDING	MEDICAL STAF	FANT JUT	ly12, 84
TO HOSPITAL C retained by the TO FUNERAL D should be detected with the State D		No PHYSICIAN'S NAME !!	THE CORPORATE OF THE CONTRACT	W Rep	22e ADDRESS	_ DIRECTOR DI PHISIC	IAIN	7,7-2, 0,
O HOSI		SAMUEL	1. WESTRIC	N	Manor Car	e- Rossville	Nursing Ho	ame.
She	230 5	SURIAL, CREMATION, REMO			EMETERY OR CREMATORY		nar 31 ng ne	/IIIC
BP		Burial			of Faith Cer	CITY OR TOWN	COUNTY	STATE
	24 FI		Outy 14, 0	n daruens	our raith Cer	M. Baltimor	e Co Mary	1370
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME DIPPEI FU	neral Homes, Inc. AD	DRESS 7110	Belair Road	TE REC'D. BY REGISTRAR	Ra Davidson	()
1400 141 21	_			Baltimo	re Md [JU	TO DOM V		



		AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.		
DECEASED NAME 1951	WEDGE		EAST.	2s. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
HELD	MUT GEORGE	RAU		July 23, 198	4	6 7m
1. 5EX	4 RACE	9.1.00.1.00.00	OF BIRTH	A. AGE (IN YEARS LAST BRITIDAY)	# UNDER LITEAR	FUNDER 24 HES.
Male	White	Au	g. 15 1925	58 y		The same
BRTHPLACE LITTATE OR FOREIGN	75 CITIZEN OF WHAT COL	INITERYS &	ED X NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH	
Germany	USA	WIDOW		Baltimore Con	intv	MD.
III. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPATION	17h KIND O	F BUSINESS OR
Towson	(IF NOT IN SLICH FACILITY, GR		7	Owner	Roda	Parkvill
USUAL RESIDENCE IN NUMSING HOWE	OF OTHER PROTECTION OF PROT	CARLON PARTIES	cal	· Control of the cont	- DULLY	O Temp
Maryland Bal		DRTOWN	YES NO NO	4819 Carroll	Manor Ro	1. 21013
4 FATHER'S NAME			IS MOTHER'S MAIDEN NA	ME		
Christian	Rau	1,0,0	Elise Burha	ardt	IAS	
Max WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17. INFORMANT	ADDRESS		
ves W	V2 220	20 1104	famil	y records		
		26 mod sel	0	7. 1.	-	MATE HATERYAL
PART L DEATH WAS CAU	SED BY	truto	huncord	et tistavely	n will	arrellen
IMMED	ATE CAUSE (a)	-cocc	1 / 1	-Conference		7
	DUE TO . CN AS A CO.	NSEQUENCE OF	1 2		11/4	
Conditions, if any, which	1 600	no-regle	rary dille	wer.	711-9	W.
gave rise to immediate	O A	_	A 1 1/	1 0		
cause (a), stating the underlying cause last	DUE TO, O A) A O	HE PORT OF	Contract Vas	sculor Da	ease	
	10 014	e, enger			10	
	T CONDITIONS CONTRIBUTE	NG TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART II	0.
The accident was underlying	TIM CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	76e AUTOPSY? 26h 1	FYES, WERE FINDE	NGS USE
DE	115.000.000.000			INC	ERTIFYING CAUSES	NO []
TIE ACCIDENT WAS UNDERLYING	[]_ 21s. TIME OF INJURY	_	771: HOW INJURY OCCUR	DESCRIPTION OF MINISTER OF MINISTER IN THE	M IR PART I ON PART ID	- T.
concouragements of 1 causes.	Company of the Company of the Company	TH DAY YEAR				
THE ITHER MOTEVA OCCURRED		19	211 LOCATION			
214 INJURY OCCURRED	71e, PLACE OF INJURY	OFFICE THEM SEC I	ZIII. LOCATION	O' ON TOWN	COUNTY	50400
ALMON D ST WORK	0	7.	1	7 10/	314	
22s I certify that (I) (this ho	ipital) at Aird the decease	In Inc	100	1 10 July	_ 10_0	that its (will fast
sow the deceased alive above, (I) (Chorocano	7 83	and that in (my) (and opinion	death accurred on the date and	d hour and tolim the	couses stated
17h SIGNATURE	184. /	0	DEGREE		72c DATE	SIGNED
1 (0	1/sesur }	W	ATTENDING -	MEDICAL STAFF DIRECTOR [] PHYSICIAN [1 2/	26/34
224 PHYSICIAN'S NAME (TH	CONTRACTOR OF THE PARTY OF THE		22e ADDRESS	4	1	1
	- 120 - 120		0005 11-	rford Road 212	3/4	
	sik, Jr. M.D	-	- Annual Control of the Control of t	rford Road 212	24	
73a BURIAL, CREMATION, REMOV (SPECIF)	****	(4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	CEMETERY OR CREMATORY	City Of IOWN	COUNTY	MAIR.
burial	7/27/84	Dulan	ey Valley Me	morial Balto.	County,	MD.
74 FUNERAL DIRECTOR	C M	ADDRESO OOO I	250. DA	TE REC'D. BY REGISTRAR 256. RI	GISTRAR'S SIGNA	Timendalla

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After chauld be detached for use or with the Stote Dept. of Health

Evans Chapel of Memories 8800 Harrord Roadul 4

